

State of Maine
Department of Health and Human Services
SOUTHBOROUGH TOWN CLERK
Permit for Disposition of Human Remains

RECEIVED
SOUTHBOROUGH TOWN CLERK

2021 AUG 11 P 4:33

Distribution of Copies:



Place of Final Disposition
Place of Death



Place Permit Issued
Issuing Clerk – Retain Until
Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)

Paul L. MacArthur

2. DATE OF DEATH (Mo., Day., Yr.)

July 23, 2021

3. SEX	4. AGE	5. WAS DECEASED EVER IN U.S. ARMED FORCES?	Yes <input type="checkbox"/>	6. PLACE OF DEATH (City or Town)	(State)		
Male	57		No <input checked="" type="checkbox"/>	Wells, ME			
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO9011			
Bibber Memorial Chapel, 67 Summer Street, Kennebunk, ME 04043							
8. PERMISSION REQUESTED FOR: (Check All That Apply)							
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment							
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation		

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (see #11)	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
→		
11. SIGNATURE OF SUBREGISTRAR	11b. SUBREGISTRAR OF (List Municipality appointed by): Wells, ME	11c. DATE SIGNED (Mo., Day, Yr.)
→		07/24/2021

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)
	→	
14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL	15. DATE (Mo., Day, Yr.)	
	→	
16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Southborough Rural Cemetery	17. LOCATION (City or Town) (State)	
	Southborough	MA
18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	19. DATE (Mo., Day, Yr.)	
	→	7-24-2021
20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home	21. LOCATION (City or Town) (State)	
	Southborough	MA
22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	23. DATE (Mo., Day, Yr.)	
	→	7-24-2021
24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	26. DATE (Mo., Day, Yr.)
27. NAME OF CEMETERY OR VAULT	28. LOCATION (City or Town) (State)	
	→	
29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	30. DATE (Mo., Day, Yr.)	
	→	

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

USE BLACK INK ONLY. MAKE NO MARKURES IN THIS FORM. DO NOT USE PENS, PHOTOCOPIES, OR OTHER ALTERATIONS

TOWN CLERK ACT 31, 2008 3:30PM *Paul J. Berry*RECEIVED AND FILED IN THE MARY MORTON BURKE TOWN CLERK ACT 31, 2008 3:30PM *Paul J. Berry*

1A. NAME OF DECEASED—FIRST JOHN

1B. MIDDLE -

1C. LAST MANNING

TOWN CLERK

2. SEX M 3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/05/1952

4. DATE OF DEATH (MONTH, DAY, YEAR) 03/16/2008

5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)

6A. CITY OF DEATH LOS ANGELES

6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE LOS ANGELES

7A. NAME OF INFORMANT MAGDA MALDONADO

7B. RELATIONSHIP TO DECEASED FUN DIR

8A. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD2

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 3827 E WHITTIER BLVD LOS ANGELES, CA 90023

RACHAL'S FUNERAL HOME 5138 S BROADWAY LOS ANGELES, CA 90037

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 10305.

9A. APPLICANT SIGNATURE *Paul J. Berry*

9B. DATE SIGNED 10/03/2008

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION OF California. This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside

10A. AMOUNT OF FEE PAID \$ 11.00

10B. DATE PERMIT ISSUED 10/03/2008

10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

► JONATHAN FIELDING, MD *50*

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012

10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D

11. AUTHORIZED DISPOSITION(S)

FOR CORONER'S USE ONLY

CR/TRANSIT

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CEMETERY Rural Cemetery Southborough, MA 01772 Disptn: Sec.4, Lot 35B, Grv. 5A (cremains)	12B. DATE BURIED 10/29/08	12C. INTERMENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL THE GARDENS 1835 S. LEWIS ST., ANAHEIM, CA 92805	13B. DATE CREMATED 10/07/2008	13C. CREMATION NUMBER—IF APPLICABLE 2370
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED MORRIS FUNERAL HOME 40 MAIN STREET, SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		►	16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1—ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2—RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3—RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

The Woodlawn Cemetery

EVERETT, MASS.

CERTIFICATE OF CREMATION

RECEIVED
TOWN CLERK'S OFFICE

2010 NOV -5 A 11:05

SOUTHBOROUGH, MA 01772

This is to certify that the burial permit and the Medical Examiner's certificate prerequisite to cremation have been duly presented and that herewith are the cremated remains of

Diana E. Martin

whose body was cremated at THE WOODLAWN CREMATORY

Date of Death April 19, 1981 Place Boston, Mass. Age 22 Years

Cause Not Stated

Cremation Number C-13262 Date of Cremation April 25, 1981

Certified this 29th day of April 1981 by

Jeffrey C. Elmer
Superintendent
1334

The cremated remains of Diana E. Martin were buried on October 13, 2010.

*Final Disposition - Sec. 1, Lot 22, Grv#8. Located
in Southborough's Rural Cemetery, Southborough Massachusetts 01772.*

Certified by

Cemetery Supervisor

DECEDENT	Name First GLORIA			Middle D.	Last MARTINEZ	Sex F
	Date of Death 10/21/2010	Age 87	If Veteran of U.S. Armed Forces War or Dates N/A			
Place of Death CITY ELMIRA City, Town or Village		Hospital, Institution or Street Address 200 NOV - 5 A 11: 05				
Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		Circumstances SOUTHBOROUGH, MA Pending Investigation				
Medical Certifier Name JEAN H. ANCION		Title MD				
Address 600 ROE AVE ELMIRA, NY						
Death Certificate Filed City, Town or Village Elmira, NY		District Number 700			Register Number 788	
<input checked="" type="checkbox"/> Burial	Date 10/25/2010	Cemetery or Crematory B. BOROUGH RURAL CEMETERY				
<input type="checkbox"/> Entombment	Address					
<input type="checkbox"/> Cremation	S. BOROUGH, MA					
<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held				
<input type="checkbox"/> Removal and/or Hold	Address					
<input checked="" type="checkbox"/> Transportation by Common Carrier	Date 10-22-2010	Point of Shipment Syracuse, NY				
<input type="checkbox"/> Disinterment	Destination S. Borough, MA					
<input type="checkbox"/> Reinterment	Date	Cemetery Address				
Permit Issued to Name of Funeral Home CAYWOOD'S FUNERAL HOME & GARDENS		Registration Number 00299				
Address 1126 BROADWAY SOUTHPORT, NY 14904						
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above		Acton Funeral Home, 470 Mass. Ave. Acton, MA 01720				
Address						
Permission is hereby granted to dispose of the human remains described above as indicated.						
Date Issued 10/21/10		Registrar of Vital Statistics Sandra Kram Deputy (signature)				
District Number 700		Place Chemung Cty. Health Dept Office of Vital Statistics PO Box 588 Elmira, NY 14902-0588				
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: Rural Cemetery						
Date of Disposition 10/25/2010		Place of Disposition Southborough, MA 01772 (address)				
		1 (section)	22 (lot number)	8 (grave number)		
Name of Sexton or Person in Charge of Premises Bridget A. Gilleney-DeCenzo		(please print)				
Signature B. A. Gilleney-DeCenzo		Title Cemetery Supervisor (DPW)				

(over)

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

RECEIVED
CLERK'S OFFICE
SOUTHBOROUGH, MA
M.J.
TOWN
AUG 24 A 8:13
2010

Georgia Department of Human Resources
Vital Records Service
PERMIT FOR THE DISPOSITION OF HUMAN REMAINS

3332

PERMIT NUMBER

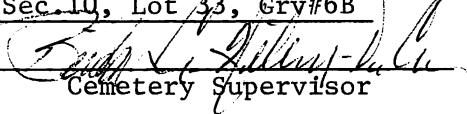
Name of Deceased 1. KATHLEEN ANN MASCIRELLI	Date of Death 2. 7-26-10	Fetal Death? 3. No <input checked="" type="checkbox"/>
Place of Death (Hospital or Street No; OR Interment (Cemetery) 4. 3240 Lakeside Dr. Cumming, Georgia. 30041	City, Town or Location of Death OR Interment 5. 5.	County of Death OR Interment 6. FORSYTH
Name of Certifying Physician, Coroner or Medical Examiner (Not Used For Disinterment/Reinterment) 7. Dr. William Childs	Certifier's Address (Not Used For Disinterment/Reinterment) 8. 8013 Majors Road. Cumming. GA 30041	
Funeral Home Name and Address 9. Bvars Funeral Home & Cremation Services 155 Professional Park Drive. Cumming. GA 30040		Funeral Home Lic. No. 10. 1644
Method of Disposition 11. <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/> Removal From State <input type="checkbox"/>	OR Disinterment/ Reinterment <input type="checkbox"/>	Date of Disposition OR Reinterment 12. 7-29-10
Name and Address of Disposition OR Reinterment Site 13. Memorial Park Crematory 2030 Memorial Park Dr Gainesville GA		Location of Disposition OR Reinterment Site (County, City or State) 14. GATNRSVLT.R. (HAT.T.) Georgia
31-10-20.(a) The funeral director or person acting as such, or other person who first assumes custody of a dead body or fetus shall obtain a disposition permit prior to cremation or removal from the state of the body or fetus. A disposition permit may be required within the state by local authorities.		
Loc 2 Vital Records Registrar - Signature 15. 		Date Signed 16. May 27, 2010
Sexton (or Person in Charge) - Signature 17. 		Date Signed 18. 7-28-10

Form 3934 (Rev. 8-91)

FUNERAL DIRECTOR

The cremated remains of Kathleen Ann Masciarelli were buried on **July 31, 2010**
at Rural Cemetery in **Southborough, MA**, Final Disp. **Sec.10, Lot 33, Gry#6B**

Certified by


Cemetery Supervisor

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO RECEIVED TOWN CLERK'S OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) BARBARA FRANCES MASTERNAN		2. CITY OR TOWN	
6. AGE 87 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 14, 1924	8. CITY, TOWN, OR LOCATION OF DEATH LACONIA	4. SEX FEMALE 5. DATE OF DEATH (Month, Day, Year) JUNE 2, 2012 9. COUNTY OF DEATH BELKNAP <i>mg</i>
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 1			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY			
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA			
13. DATE OF DISPOSITION (Refer to 19a) JUNE 7, 2012			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR CYNTHIA F BRYANT	17. N.H. LIC. NUM ONLY 0000		
18. NAME AND LOCATION OF FACILITY (City/Town, State) JOHN C. BRYANT FUNERAL HOME, WAYLAND, MA			
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) RUSSELL J BEANE	20. CITY/TOWN LACONIA	21. DATE ISSUED (Month, Day, Year) JUNE 5, 2012	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial Sec. 1, Lot 2B, Grv#4	28. DATE OF DISPOSITION (Month, Day, Year) June 7, 2012	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery, Southborough, MA	
30. SECTION 1	31. GRAVE NO. 4	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Cynthia Bryant</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



Received and filed in the Office of the Town Clerk June 20, 2003
State of Florida, Department of Health, Vital Statistics 8:00am
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)				Paul J. Berry, Town Clerk			
1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
	Charles	Filmore	Masterman		June	12	2003
2. Place of Death	City, Town or Location		Name of (If neither, give street address)				
County Highlands	Sebring		Hosp. or Inst. Florida Hospital Heartland				
3. Name of Medical Certifier	Address		Phone Number				
DR Laghaee <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	3581 S. Highlands Ave. Sebring, FL 33870		863-385-5129				
4. Name of Funeral Home/Direct Disposal Establishment	Address		Fla. Lic. No./Reg. No.	Phone No. (Area Code)			
Fountain-Chandler Funeral Home	125 Park Ave. E. Lake Placid, FL 33852		1874	863 465-2113			
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> <u>The Nurse at Doctors office</u> was contacted on <u>6-12-03</u> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>DR Laghaee</u> will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	Signature		F.E. No./Reg. No.	Date Signed			
	<u>Martha Chandler</u>		3173	6-13-2003			

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **18740368**

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Martha Chandler

Date

Issued:

6-12-2003

Date Certificate

Due:

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number:

██████████

Date

Medical Examiner,

, gave authorization by telephone to

Funeral Director/Direct Disposer.

Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIUM

Place of Disposition

Rural Cemetery
Southborough, MA 01772

Method of Disposition:

BURIAL

STORAGE

Date of Disposition

June 18, 2003

Sec. 1, Lot 2B, Grv#3

CREMATION

OTHER (Specify)

Signature of Sexton
or Person-in-Charge

Bridge-L. Ellman

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County, City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

DECEDENT	Name First	Middle	Last	Sex	
	MARIE	F.	MELLO	FEMALE	
	Date of Death	Age	If Veteran of U.S. Armed Forces, War or Dates		
	1-7-93	61	N/A		
	Place of Death	Hospital, Institution or Street Address			
	City, Town or Village	TOWN OF ITHACA			
	Manner of Death	<input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Circumstances <input type="checkbox"/> Investigation			
	Medical Certifier	Name		Title	
		LAWRENCE P. ENDO		MD	
	Address	1301 TRUMANSBURG ROAD, ITHACA, NY 14850			
Death Certificate Filed		District Number		Register Number	
City, Town or Village		TOWN OF ITHACA		5400	
DISPOSITION	<input checked="" type="checkbox"/> Burial	Date	Cemetery or Crematory		
	<input type="checkbox"/> Cremation	Address	RURAL CEMETERY		
	<input type="checkbox"/> Removal and/or Hold	Date	MASSACHUSETTS		
		Address	Place Removed and/or Held		
	<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment		
		Destination			
	<input type="checkbox"/> Disinterment	Date	Cemetery Address		
	<input type="checkbox"/> Reinterment	Date	Cemetery Address		
	Permit Issued to				Registration Number
	Name of Funeral Firm	BANGS FUNERAL HOME, INC.			00093
Address	209 WEST GREEN ST, ITHACA, NY 14850				
Name of Funeral Firm Making Disposition or to Whom					
Remains are Shipped, If Other than Above					
Address					
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:					
Date of Disposition		Rural Cemetery			
1 - 12 - 93		Place of Disposition			
		Cordaville Road, Southborough, MA 01772			
		(address)	D (section)	29 (lot number)	
				4 (grave number)	
Name of Sexton or Person in Charge of Premises		Bridget A. Gilleney			
		(please print)			
Signature		Title Supervisor - Cemetery Division			

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

13, 15

CLERK'S OFFICE

RECEIVED
TOWN CLERK'S OFFICE
2012 JUL 10 A 10:35

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO <i>mg</i>
3. DECEDENT'S NAME (First, Middle, Last) EVELYN MERRILL		4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) MAY 23, 2011
6. AGE 92 Years	7. DATE OF BIRTH (Month, Day, Year) OCTOBER 29, 1918	8. CITY, TOWN, OR LOCATION OF DEATH CHESTERFIELD	9. COUNTY OF DEATH CHESHIRE
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) EVERGREEN CREMATORIAL			
12. LOCATION (City/Town, State) BRATTLEBORO, VT			
13. DATE OF DISPOSITION (Refer to 19a) MAY 26, 2011			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL UNKNOWN			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) UNKNOWN			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR CHRISTOPHER M WILDER		17. N.H. LIC. NUM ONLY 876	
18. NAME AND LOCATION OF FACILITY (City/Town, State) FLETCHER FUNERAL HOME AND CREMATION SERVICES, KEENE, NH			
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) CHRISTOPHER M WILDER		20. CITY/TOWN CHESTERFIELD	21. DATE ISSUED (Month, Day, Year) MAY 26, 2011
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)
CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) June 23, 2012	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 1-C	31. GRAVE NO. Lot 1-D, Grv2A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Buddy G. Gillingham - DeL</i>	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton), must be forwarded within six days to the clerk of the town in which the disposition takes place.			

RECEIVED
TOWN OF YUMA'S OFFICE

A COPY OF THIS PERMIT MUST ACCOMPANY THE BODY TO THE FINAL DESTINATION.		STATE OF ARIZONA 2018 JUN 15 A 11:51			PERMIT NUMBER
DEPARTMENT OF HEALTH SERVICES - BUREAU OF VITAL RECORDS					
DISPOSITION TRANSIT PERMIT					
SOUTH BOROUGH, MA DP2018-015677					
IDENTIFICATION OF DECEASED	1. DECEASED'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) JOHN, MICHAEL, MINNUCCI		2. SEX MALE	3. DATE OF BIRTH 03/20/1957	4. DATE OF DEATH 05/20/2018
	5. PLACE OF DEATH - CITY OR TOWN YUMA		6. COUNTY YUMA	7. STATE ARIZONA	
MANNER AND PLACE OF DISPOSITION	8. NAME AND ADDRESS OF FUNERAL, FACILITY OR PERSON RESPONSIBLE YUMA MORTUARY & CREMATORIAL 775 S 5TH AVENUE, YUMA, AZ 85364				
	9. NAME OF FUNERAL DIRECTOR OR RESPONSIBLE PERSON DARREN, MATTICE				
	10. METHOD OF DISPOSITION CREMATION	11. NAME AND LOCATION OF 1 ST DISPOSITION FACILITY YUMA MORTUARY & CREMATORIAL, YUMA, AZ, US			12. DATE OF DISPOSITION 05/22/2018
	13. METHOD OF DISPOSITION VICTOR M. ALVAREZ SEC. M, CIV. #136A	14. NAME AND LOCATION OF 2 ND DISPOSITION FACILITY RURAL Cemetery 11 CONDAMINE RD, SOUTHBOROUGH, MA			15. DATE OF DISPOSITION June 12, 2018
AUTHORIZATION	16. MEDICAL EXAMINER'S AUTHORIZATION FOR CREMATION			17. DATE OF AUTHORIZATION 05/21/2018	
A.A.C. R9-19-313 REQUIRES THAT A PERSON IN CHARGE OF A PLACE OF FINAL DISPOSITION IN ARIZONA SHALL MAINTAIN A COPY OF THIS DISPOSITION TRANSIT PERMIT AT THE PLACE OF FINAL DISPOSITION FOR AT LEAST FIVE YEARS AFTER THE ISSUE DATE.					

VS-8 Rev 7/2017

S. C. Alvarez - D.C. 6/12/2018



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION**



State File #

2014 070387

0000000879

Form R-309 07012014

PERMIT

RECEIVED
TOWN OF UPTON'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2014 SEP 26 AM: 04

DECEDENT	Decedent Name	MOORE, MARY		
	Place of Death	UMASS MEMORIAL MEDICAL CENTER - UNIVERSITY CAMPUS, WORCESTER, MA		
	Date of Death	SEPTEMBER 15, 2014	Date of Birth	DECEMBER 07, 1921
	Residence	238 W MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent)		Rank/organization/outfit (most recent)		
Date entered (most recent)		Date Discharged (most recent)	Service Number (most recent)	
CERTIFIER	Certifier EVAN BRADLEY, MD			Lic # 261011
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655			
	Immediate Cause of Death LEFT MIDDLE CEREBRAL ARTERY STROKE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, NORTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL			Date of Disposition SEPTEMBER 20, 2014
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, NORTHBOROUGH, MASSACHUSETTS 01772			

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: WORCESTER	
	State Tracking # 070387		Local Permit # 1216-14	
	Date	SEPTEMBER 16, 2014	Date	SEPTEMBER 17, 2014
			Name of Agent	DEREK S. BRINDISI

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Section 3, Lot 42A, Grv#1		Signature
	Disposition Type Full Earth Burial	Date of Disposition Sept. 20, 2014	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo

Acceptance of Permit

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

95 0534 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY	
4a PLACE	
4c HOSP.	
5. TYPE	
7. VET.	
8. HISP RACE	
9. EDUC.	
10. AGE	
11. NATIVITY	
12. MARITAL	
15. RESID.	
15. OUT-STATE	
23. DISP.	
31-32 AUTOP.	
33. MED EXAM	
34. MANNER	
35c. WORK. INJ.	
35f. PLACE	
36-37 CERT	
40a RN PRO	

DECEDENT - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1. WALTER		FRANCIS		MC CURLEY SR.		2. M		3. FEB. 27, 1995	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)					
4a WORCESTER		4b WORCESTER		4c MEDICAL CENTER OF CENTRAL MASS. - MEMORIAL CAMPUS					
PLACE OF DEATH (Check only one): HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR			
				6 029-18-7527		7. WW II			
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) 8a NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Specify:		RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b WHITE		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) <input type="checkbox"/> College (1-4, 5+)					
AGE - Last Birthday (Yrs.) 10a 72		UNDER 1 YEAR MOS b DAYS c		UNDER 1 DAY HOURS MINS		DATE OF BIRTH (Mo., Day, Yr.) 10d FEB. 9, 1923		BIRTHPLACE (City and State or Foreign Country) 11 WATERTOWN, MA.	
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED 12 MARRIED		LAST SPOUSE (If wife, give maiden name) 13 MILDRED W. IRONS		USUAL OCCUPATION (Prior to retired) 14a ENGINEER 14b TECHNITION		KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT 14b			
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a 28 RUTH RD., MARLBORO, MIDDLESEX, MA.								ZIP CODE 15b 01752	
FATHER - FULL NAME 16 THOMAS MC CURLEY		STATE OF BIRTH (If not in US, name country) 17 MA.		MOTHER - NAME (GIVEN) (MAIDEN) 18 NORA CULKIN		STATE OF BIRTH (If not in US, name country) 19 MA.			
INFORMANT 20 MILDRED W. MC CURLEY		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 28 RUTH RD., MARLBORO, MA. 01752				RELATIONSHIP 22 WIFE			
METHOD OF DISPOSITION 21a BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> 21b ENTRIMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> 21c DONATION <input type="checkbox"/> OTH. SPEC: <input type="checkbox"/>		FUNERAL SERVICE LICENSEE 24 JOHN P. ROWE JR.				LICENSE # 25 5375			
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a RURAL CEMETERY				LOCATION (City/Town, State) 26b SOUTHBORO, MA.					
DATE OF DISPOSITION (Mo., Day, Yr.) 27 MAR. 2, 1995		NAME AND ADDRESS OF FACILITY 28a/b 57 MAIN ST., MARLBORO, MA. 01752		JOHN P. ROWE FUNERAL HOME INC.					
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d), PRINT OR TYPE LEGIBLY.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) <input type="checkbox"/> a. SEPTIC SHOCK b. PNEUMONIA c. d. DUE TO (OR AS A CONSEQUENCE OF)									
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.									
30 PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.									
WAS CASE REFERRED TO M.E.? (Yes or No) <input checked="" type="checkbox"/> NC		34. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION		DATE OF INJURY (Mo., Day, Yr.) 35a		TIME OF INJURY 35b		INJURY AT WORK (Yes or No) 35c M 35c	
34. MANNER		DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e		LOCATION (No. & St., City/Town, State) 35f			
35c. WORK. INJ.		36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>Robert K. Curley MD</i>		36b DATE SIGNED (Mo., Day, Yr.) FEBRUARY 27, 1995		36c HOUR OF DEATH 337 PM		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) <i>Robert K. Curley MD</i>	
35f. PLACE		36b DATE SIGNED (Mo., Day, Yr.) FEBRUARY 27, 1995		36c HOUR OF DEATH 337 PM		37b DATE SIGNED (Mo., Day, Yr.) 37c HOUR OF DEATH M		37d PRONOUNCED DEAD (Mo., Day, Yr.) 37e PRONOUNCED DEAD (Hr.) M	
36-37 CERT		36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER ROBERT SUMNER		36e NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) MARC RESNICK 119 Belmont St. WORCESTER MA 01605		36f DATE OF RECORD MARCH 1, 1995		36g LICENSE NO. OF CERTIFIER 39-558-57	
40a RN PRO		WAS THERE AN R.N. PRONOUNCEMENT? Yes or No <input checked="" type="checkbox"/> NC		IF YES, DATE PRONOUNCED 40b		IF YES, TIME PRONOUNCED 40c M		40d NAME OF PRONOUNCING REGISTERED NURSE NAME	
41		DATE BURIAL PERMIT ISSUED: MARCH 21, 1995		RECEIVED IN THE CITY/TOWN OF: WORCESTER		CLERK'S SIGNATURE 42		DATE OF RECORD MARCH 1, 1995	
41		SIGNATURE - BD. OF HEALTH AGENT COMMISSIONER OF PUBLIC H						43	

BLACK INK ONLY

RECEIVED
TOMMIE'S OFFICE
2014 SEP 15 P 1:41
SOUTHBOROUGH, MA



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: July 31, 2014

TRACKING NUMBER: 2014109593

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
LOUISE M MCDONOUGH		July 29, 2014
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HILLSBOROUGH	RUSKIN	SUN CITY CENTER HOSPICE HOUSE
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
AFFINITY DIRECT CREMATION SVC F040178 1446 OAKFIELD DRIVE BRANDON, FLORIDA, 33511	F040178	(813) 684-7500
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
TOM C. WAGNER	F032310	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Meade Grigg, State Registrar

Permit Number: 2014-F040178-5212

Date Issued: July 29, 2014

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 13 Approval Number: 14-05161Q

4.

CEMETERY OR CREMATORIUM

Place of Disposition:	CREMATION CENTER OF TAMPA BAY
Method of Disposition:	CREMATION
	Date of Disposition: _____

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of
Louise M. McDonough Accompanying this certificate was disposed
of in accordance with it's term.

At Rural Cemetery Town Southborough, MA

On August 13, 2014 Final Disposition Sec.4, Lot 3A, Grv#1B

Certified by

Town of Southborough



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: November 5, 2018

TRACKING NUMBER: 2018177526

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
CAROLE RUTH MCLAUGHLIN		November 3, 2018
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
INDIAN RIVER	VERO BEACH	GRACE REHABILITATION CENTER OF VERO BEACH
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
COX-GIFFORD SEAWINDS FUNERAL HOME & CREMATOR Y F073377		F073377 (772) 562-2365
1950 20TH ST		
VERO BEACH, FLORIDA, 32960		
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
RACHEL E DELASHMUTT		F052116
Medical Verification Statement		
Office Staff at the certifying physician's office, was contacted on 11/05/2018 by the funeral director listed above; he/she indicated that ZAFAR IQBAL SHARAR, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.		

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2018-F073377-5428

Date Issued: November 5, 2018

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 19 Approval Number: C18-19-11-CGS9

4.

CEMETERY OR CREMATOR Y

Place of Disposition: *Local Cemetery "Conderville Rd"*

Method of Disposition: *Burn of Cremated Remains*

Date of Disposition:

DEC. 4, 2018

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

SOUTH DIXIE HOSPITAL

100 DEC 11 P 12

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT. 7, 2008 9:00AM
REMOVAL, TRANSIT AND BURIAL PERMIT

i-9 Rev. 12/18/98

PERMIT NO.

2008-58

DATE ISSUED

6 / 23 / 08

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308*Paul J. Berry*

PAUL J. BERRY, TOWN CLERK

THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Sylvia Whitman	WHO DIED AT McLean	ON 6 / 19 / 08
--	-----------------------	-------------------

USE OF DEATH

Failure to thrive, dementia

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory) Farmington Valley Crematory, Canton, CT

FINAL PLOT	SECTION NO.	LOT NO.	GRAVE NO.	OTHER PLACE OF INTERMENT (Specify)
------------	-------------	---------	-----------	------------------------------------

SUED TO (Name of Funeral Director or Embalmer) Richard J. Vincent Jr	ADDRESS VFH 880 Hopmeadow St, Simsbury	IF EMBALMER, LICENSE NO. 2315
---	---	----------------------------------

CERTIFICATES required by state statute have been served and recorded. Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics) <i>Janet C. Brady, Asst.</i>	TOWN OF Simsbury	TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---------------------	--

SEXTON'S ENDORSEMENT	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)	DATE BODY BURIED / /
----------------------	--	-------------------------

I Hereby certify That the cremated remains accompanying
this permit was disposed of in accordance with its terms

at: Burnett Burial Park
on: September 20, 2008

Person making arrangements: *Angelica Schuyler Whitman (Dau)*
Cemetery Mgmt Signature: *Bethany C. Bellamy-Decker*

RECEIVED

 0000610850 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics SOUTHBOROUGH TOWN CLERK DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	
		State File # 2022 002399 2022 FEB - 8 P 3:43 OCME CASE # 2022-384	

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MCMAHON , STEPHANIE LYNNE		
	Place of Death	49 BOSTON ROAD, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 07, 2022	Date of Birth	MARCH 06, 1986
	Residence	49 BOSTON ROAD, APT4D, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO			
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	---	---	---	
	Certifier RICHARD J. EVANS, MD		Lic # 58622	
Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
Immediate Cause of Death PENDING				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	SEAN A OTERI	Lic # 7097	
	Facility	OTERI FUNERAL HOME, INC., FRANKLIN, MASSACHUSETTS		
	Disposition Type	BURIAL		Date of Disposition JANUARY 17, 2022
	Place/Address	SAINT MARY'S CEMETERY, 185 BEAVER STREET, FRANKLIN, MASSACHUSETTS 02038		

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 002399		Local Permit # 002399	
	Date JANUARY 17, 2022		Date JANUARY 17, 2022	
			Name of Agent JAMES F. HEGARTY	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature	
	St. Mary Cemetery 175 Beaver St. Franklin MA		X Rev Brian Manning	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
Burial	January 17, 2022	Joseph Spencer		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

PERMIT #**FLORIDA CERTIFICATE OF DEATH****FOR PROOFING ONLY**

1. DECEDENT'S NAME (First, Middle, Last, Suffix)

CHARLES F. McNEIL, JR.

2. SEX

Male

3. DATE OF BIRTH (Month, Day, Year)

10-25-1922

4a. AGE-Last Birthday

March 85

4b. UNDER 1 YEAR

Months

4c. UNDER 1 DAY

Days

4d. UNDER 1 DAY

Hours

Minutes

5. DATE OF DEATH (Month, Day, Year)

6-26-08

12:15 PM

6. SOCIAL SECURITY NUMBER

720-10-9939

7. BIRTHPLACE (City and State or Foreign Country)

WESTBORO, MASS

8. COUNTY OF DEATH

BREVARD

9. PLACE OF DEATH

HOSPITAL:

 Inpatient

Emergency Room/Outpatient

Died on Arrival

(Check only one)

NON-HOSPITAL:

Hospice Facility

Nursing Home/Long Term Care Facility

Decedent's Name _____ Other (Specify) _____

10. FACILITY NAME (If not institution, give street address)

CAPE CANAVERAL HOSPITAL

11a. CITY, TOWN, OR LOCATION OF DEATH

11b. INSIDE CITY LIMITS?

 Yes No

12. MARRITAL STATUS (Specify)

 Married Married, but Separated Widowed Divorced Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE

FL

14b. COUNTY

BREVARD

14c. CITY, TOWN, OR LOCATION

COCOA BEACH

14d. APT. NO.

1037

32931

14e. ZIP CODE

 Yes No

14d. STREET ADDRESS

620 S. BREVARD AVE

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)

Do not use "Retired"

FLEET DISPATCHER

15b. KIND OF BUSINESS/INDUSTRY

ASPHALT DISTRIBUTION

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)

 White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN?

 Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American

(Specify if decedent was of Hispanic or Haitian Origin.)

 Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)

 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate19. WAS DECEDENT EVER IN
U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix)

CHARLES F. McNEIL, JR.

21. MOTHER'S NAME (First, Middle, Maiden Suffix)

MARY L. O'DUNNELL

22a. INFORMANT'S NAME

LEE THOMAS McNEIL

22b. RELATIONSHIP TO DECEDENT

SON

23a. INFORMANT'S MAILING STATE

MASS

23b. CITY OR TOWN

STOW

23c. STREET ADDRESS

150 BARTON RD

23d. ZIP CODE

01775

24. INFORMANT'S SIGNATURE

Lee Thomas McNeil

24b. PHONE #

978-568-3672

25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

25a. LOCATION - STATE

25b. LOCATION - CITY OR TOWN

26a. METHOD OF DISPOSITION

 Cremation

NOTES

12 DC5 10 with 2 w/o

FINAL DISPOSITION: AN PN

Urn Earth burial of Urn- Mahogany type

Disposition of Cremains Burial on 7/26/08 Sec.C-West, Lot 51S, Grv#4A

Arranged by Lee McNeil (Son) Stow, MA 978-568-3672

Burial At Rural Cemetery, Southborough, MA

Cemetery Mngt Signature - Lee McNeil

Paul J. Berry
Paul J. Berry
Town Clerk

STATE OF HAWAII
DEPARTMENT OF HEALTH

BURIAL-TRANSIT PERMIT

RESEARCH AND
STATISTICS OFFICE

763

PERMIT NO.

NOVEMBER 21, 2003

NAME OF DECEASED (FIRST)		(MIDDLE)		(LAST)		DATE OF DEATH	
EDWARD		WEBSTER		NEWTON		NOVEMBER 21, 2003	
SEX	RACE	AGE	PLACE OF DEATH (CITY OR TOWN)	(CITY)	(STATE)		
MALE	CAUCASIAN	81	KIHEI, MAUI, HAWAII				
Method of disposal		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORIUM)		CAUSE OF DEATH			
<input type="checkbox"/> Burial	<input checked="" type="checkbox"/> Cremation	BALLARD FAMILY MORTUARY					
<input type="checkbox"/> Removal	<input type="checkbox"/>	(CITY OR TOWN)		(CITY)	(STATE)		
Name of funeral establishment		SPECIFY OTHER		BUSINESS ADDRESS			
BORTHWICK MORTUARY/NORMAN'S		KAHULUI, MAUI, HAWAII		WAILUKU, HAWAII			
A certificate of death having been filed, permission is hereby given to dispose of this body							
SIGNATURE OF LOCAL REGISTRAR		(CITY OR TOWN)		(CITY)		DATE	
<i>JM Mihm</i>		WAILUKU, MAUI				NOVEMBER 26, 2003	
Authorized disposition as stated above occurred on [date]				SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR CREMATORIUM			

¹An entry here is required only if the body is shipped by common carrier and the death certificate specifies plague, Asiatic cholera, smallpox, epidemic typhus fever, yellow fever, or louse-borne relapsing fever.

²Where no designated person is in charge of a cemetery, the funeral director should sign here. The person signing is responsible for returning this permit within 10 days to the registrar of the district in which burial or cremation took place.

RS-9 Rev. 10M 1075

The cremated remains of Edward W. Newton were buried on Sept. 21, 2004 at Rural Cemetery, Southborough. Location is Sec. B-West, Lot 40, Grv#6A.

Bridget A. Gilleney-DeCenzo
Bridget A. Gilleney-DeCenzo

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: Place of Final Disposition Place Permit Issued
 Place of Death Issuing Clerk - Retain Until 1/12/2015
 Endorsement Received MF

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)			2. DATE OF DEATH (Mo., Day., Yr.)		
Lillian (Pelland) Nolan			1/12/2015		
3. SEX F	4. AGE 99	5. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. PLACE OF DEATH (City or Town) Lincolnville (State) Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9752		
8. PERMISSION REQUESTED FOR: (Check All That Apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)		
11. SIGNATURE OF SUBREGISTRAR → <i>Katherine Riposta</i>		11b. SUBREGISTRAR OF (List Municipality appointed by): Belfast	11c. DATE SIGNED (Mo., Day, Yr.) 1/13/2015		
DISPOSITION					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)		
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)		
15. REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery <i>LOT 49 WEST, GR. 6 IN SECTION 6 - WEST</i>		17. LOCATION (City or Town) (State) Southborough, Massachusetts		
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>T. G. Johnson - Jr.</i>		19. DATE (Mo., Day, Yr.) 1/16/2015		
19. REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home		21. LOCATION (City or Town) (State) Southborough, Massachusetts		
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		23. DATE (Mo., Day, Yr.) 1/13/2015		
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT			26. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)		
	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		30. DATE (Mo., Day, Yr.)		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: Place of Final Disposition
 Place of Death

Place Permit Issued
 Issuing Clerk – Retain Until
Endorsement Received

ED
21 P 2 D
MAY

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)			2. DATE OF DEATH (Mo., Day., Yr.)		
Lillian (Pelland) Nolan			1/12/2015		
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes <input type="checkbox"/>	6. PLACE OF DEATH (City or Town)	(State)
F	99		No <input checked="" type="checkbox"/>	Lincolnville	Maine
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER		
Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915			9752		
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment <input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

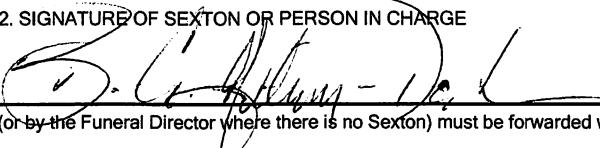
**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11)		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)			
→						
11. SIGNATURE OF SUBREGISTRAR		11b. SUBREGISTRAR OF (List Municipality appointed by):	11c. DATE SIGNED (Mo., Day, Yr.)			
→ <i>Katherine Riposta</i>		Belfast	1/13/2015			
DISPOSITION						
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT			13. LOCATION (City or Town) (State)		
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL			15. DATE (Mo., Day, Yr.)		
	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION			17. LOCATION (City or Town) (State)		
	Rural Cemetery			Southborough, Massachusetts		
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON			19. DATE (Mo., Day, Yr.)		
	→ <i>Janey Morris</i>			Jan 13 2015		
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION			21. LOCATION (City or Town) (State)		
	Morris Funeral Home			Southborough, Massachusetts		
DISPOSITION OF CREMAINS:	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON			23. DATE (Mo., Day, Yr.)		
		24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered			25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	26. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED		27. NAME OF CEMETERY OR VAULT			28. LOCATION (City or Town) (State)	
		29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL			30. DATE (Mo., Day, Yr.)	
		→				

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO	
3. DECEDENT'S NAME (First, Middle, Last) CYNTHIA ANN O'BRIEN		2. CITY OR TOWN	
6. AGE 49 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 31, 1963	8. CITY, TOWN, OR LOCATION OF DEATH EPSOM	4. SEX FEMALE 5. DATE OF DEATH (Month, Day, Year) OCTOBER 26, 2012
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): 		CODE: 3	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CONCORD CREMATORIUM			
12. LOCATION (City/Town, State) CONCORD, NH			
13. DATE OF DISPOSITION (Refer to 19a) OCTOBER 30, 2012			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL NEW RYE CEM			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) EPSOM, NH			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR THOMAS E PETIT		17. N.H. LIC. NUM ONLY 060	
18. NAME AND LOCATION OF FACILITY (City/Town, State) STILL OAKS FUNERAL & MEMORIAL HOME, EPSOM, NH			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) THOMAS PETIT		20. CITY/TOWN EPSOM	21. DATE ISSUED (Month, Day, Year) OCTOBER 30, 2012
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) 11/24/2012	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772
30. SECTION B-West, Lot48N	31. GRAVE NO. 1A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			


 TOWN CLERK'S OFFICE
 RECEIVED
 2012 NOV 30 AM 11:41
 SOUTHBOROUGH



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Barry
Paul J. Barry,
 Town Clerk

A. (TYPE)			
1. Name of Deceased	First Perry	Middle O'Leary	Last
			Date of Death February 26, 2010
2. Place of Death County Palm Beach	City, Town or Location West Palm Beach		Name of (If neither, give street address) Hosp. or Inst. Vitas Hospice
3. Name of Medical Certifier Vitas Physician	Address 2201 45th Street West Palm Beach, FL 33407	Phone Number 561-863-3968	
4. Name of Funeral Home/Direct Disposal Establishment Gary Panoch Funeral Home & Cremations	Address 6140 N. Federal Highway Boca Raton, FL 33487	Fla. Lic. No./Reg. No. 040155	Phone No. (Area Code) 561-997-8580
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> <u>Vitas hospice</u> was contacted on <u>Feb. 26, 2010</u> He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>a hospice physician</u> will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.		
6. Funeral Director/ Direct Disposer	Signature 	F.E. No./Reg. No. F044951	Date Signed Feb. 26, 2010

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 040155-10-095

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature Christine Panoch

Date

Issued: 2-26-2010

Date Certificate

DUE: 2-12-2010

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date: _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

CEMETERY OR CREMATORIAL

Method of Disposition: _____ Place of Disposition: _____ Rural Cemetery Southborough, MA

BURIAL STORAGE Date of Disposition: _____
 Sec. 3, Lot 11, Grv#6
 March 6, 2010

CREMATION OTHER (Specify) _____
 Signature of Sexton or Person-in-Charge } Bethell C. Hettling-Davis

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: Place of Final Disposition Place Permit Issued
 Place of Death Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Elaine Olson				2. DATE OF DEATH (Mo., Day, Yr.) 11/24/2018		
3. SEX F	4. AGE 83	5. WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) York, Maine (State) SOUTHBOROUGH, MA		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Lucas & Eaton Funeral Home 91 Long Sands Road York, Maine 03909				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER H010038		
8. PERMISSION REQUESTED FOR: (Check All That Apply)						
<input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment						
9. AUTHORIZATION FOR PERMIT	10. Completed Death Certificate	11. Report of Death (Funeral Directors Only)	12. Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	13. Application or Court Order for Disinterment	14. Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation	

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (see #11)		10b. CITY OR TOWN		10c. DATE SIGNED (Mo., Day, Yr.)	
→					
11. SIGNATURE OF SUBREGISTRAR		11b. SUBREGISTRAR OF (List Municipality appointed by):		11c. DATE SIGNED (Mo., Day, Yr.)	
→ <i>Blair</i>				11c. DATE SIGNED (Mo., Day, Yr.) <i>10/30/18</i>	
DISPOSITION					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE <input checked="" type="checkbox"/> REMAINS WERE: <input type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE		12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)	
→					
<input type="checkbox"/> REMOVED FROM STATE		14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL		15. DATE (Mo., Day, Yr.)	
→					
<input checked="" type="checkbox"/> DISPOSITION OF CREMATED REMAINS:		16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION <i>Southborough Rural Cemetery</i>		17. LOCATION (City or Town) (State) <i>Southborough, Massachusetts</i>	
→					
<input type="checkbox"/> REMAINS WERE DISINTERRED		18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON <i>SEC. 11 #51</i>		19. DATE (Mo., Day, Yr.) <i>12/1/2018</i>	
→ <i>B. C. H. -</i>					
<input type="checkbox"/> REMOVED FROM STATE		20. NAME OF CEMETERY, OR OTHER DESTINATION		21. LOCATION (City or Town) (State)	
→					
<input type="checkbox"/> REMAINS WERE DISINTERRED		22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON <i>SEC. 11 #51</i>		23. DATE (Mo., Day, Yr.)	
→					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE		24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered		25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	
→					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE		26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL <i>SEC. 11 #51</i>		27. DATE (Mo., Day, Yr.)	
→					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE		28. NAME OF CEMETERY OR VAULT		29. LOCATION (City or Town) (State)	
→					
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE		30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL <i>SEC. 11 #51</i>		31. DATE (Mo., Day, Yr.)	
→					

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Burial Date 8/3/03, Pg.48 Grv#1-A, Sec. 1-B, Lot G-1, F.H. N/A, Bronze Urn Loc. 3' from Hdstrn

Received and filed in the Office of the Town Clerk Aug. 12, 2003
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

RICHMOND, VIRGINIA Aug. 12, 2003 3pm

OUT-OF-STATE TRANSIT PERMIT

FULL NAME OF DECEASED	Helen May Onufrock	AGE	Paul J. Berry, Town Clerk 94
PLACE OF DEATH	(City or County) Albemarle VIRGINIA	DATE OF DEATH	(Month Day Year) November 1, 2002
SEX	Female	RACE OR COLOR	Caucasian
DESTINATION TO WHICH REMAINS TO BE SENT	(City or County) Rural Cemetery	(State) South Borough, Mass.	

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:

Funeral Director Hill & Wood Address _____

To transport said deceased as stated above.

DATE ISSUED	7-7-03	REGISTRATION DISTRICT NO.	101	SIGNATURE OF REGISTRAR
-------------	--------	---------------------------	-----	------------------------

READ CAREFULLY

REGISTRAR: This Out-of-State Transit Permit is to be issued only upon receipt of a completed Certificate of Death, or under other conditions outlined in regulations. In special emergencies, you may telephone the State Registrar of Vital Records at the expense of the applicant, for instructions.

FUNERAL DIRECTORS: This permit is required for any manner of transportation and disposition of a dead body which is to be transported out of the State of Virginia. It must be obtained prior to removal from the State.

When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED
TOWN CLERK'S OFFICE

2010 DEC 20 A 10:31

A. (TYPE)

1. Name of Deceased	First Sarah	Middle Manning	Last O'Regan	Date of Death SOUTHBOROUGH, MA December 10, 2010 <i>BB</i>
2. Place of Death County	City, Town or Location Sarasota Venice		Name of Hosp. or Inst. 6270 Daffodil Road	(If neither, give street address)
3. Name of Medical Certifier <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	Address Sarasota County Medical Examiner 1762 Hawthorne St., Ste 5 Sarasota FL 34239		Phone Number 941-361-6909	
4. Name of Funeral Home/Direct Disposal Establishment Farley Funeral Home, Inc.	Address 265 South Nokomis Avenue Venice FL 34285		Fla. Lic. No./Reg. No. F040368	Phone No. (Area Code) 941-488-2291
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input type="checkbox"/> Sarasota County Medical Examiner was contacted on <u>12/13/10</u>. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>SPQ M.E.</u> will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>			
6. Funeral Director/ Direct Disposer	Signature <i>Ben</i>		F.E. No./Reg. No. F022594	Date Signed <u>12/13/10</u>

B. BURIAL - TRANSIT PERMIT

Permit No. 2311-4025

Permission is hereby granted to dispose of this body.

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or
Subregistrar Signature
Wm. B. Farley

Date
Issued: 12/13/10 Date Certificate
Due: 12/22/10

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORIUM

Method of Disposition:	Place of Disposition Southborough Rural Cemetery Southborough, MA
<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> STORAGE	Date of Disposition December 18, 2010
<input type="checkbox"/> CREMATION Signature of Sexton or Person-in-Charge } _____	<input type="checkbox"/> OTHER (Specify) <i>B. C. Farley, D.P.C.</i>

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory
Yellow: Funeral Director or Direct Disposer
Pink: Local Registrar

RECEIVED
30/12/2014 10:45:10 AM

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided.

NO. 1301579 DATE 1/26/13
REMAINS OF Arlene E. O'Reilly
ADDRESS Bedford, N.H.
AGE 81 DATE OF DEATH 1/24/13

Concord Crematorium

8 Broken Bridge Road
Concord, New Hampshire 03301

BURIAL CERTIFICATE

The undersigned being on this date the person having charge of the Concord Crematorium, hereby certifies that the burial permit prerequisite to the cremation of this body has been duly presented.

Christie Ladd

I hereby certify that the cremated remains of Arlene E. O'Reilly accompanying this certificate was disposed of in accordance with it's terms
At Rural Cemetery Town Southborough, MA
on April 5, 2013 Final Disposition Sec.A, Lot 6, Grv#3A
Certified by *Christie Ladd*
Cemetery Supervisor, Town of Southborough

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

STATE OF NEW HAMPSHIRE
BURIAL TRANSIT PERMIT

1. BURIAL PERMIT NO.

2. CITY OR TOWN

3. DECEDENT'S NAME (First, Middle, Last)

FRANCES R O'REILLY

4. SEX

FEMALE

5. DATE OF DEATH (Month, Day, Year)

MARCH 14, 2002

6. AGE

73 YEARS

7. DATE OF BIRTH (Month, Day, Year)

FEBRUARY 27, 1929

8. CITY, TOWN, OR LOCATION OF DEATH

CONCORD

9. COUNTY OF DEATH

MERRIMACK

10. METHOD OF DISPOSITION:

1. Burial 2. Temp. Entombment
3. Cremation 4. Donation
5. Mausoleum 6. Other

11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

RURAL CEMETERY

12. LOCATION (City/Town, State)

SOUTHBOROUGH, MA

13. DATE OF DISPOSITION
(Refer to 20a.)

MAR 19, 2002

CODE: 1

A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:

16. FUNERAL DIRECTOR

ERIC M DANIELS

17. N.H. LIC. NO. ONLY

873

18. NAME AND LOCATION OF FACILITY (City/Town, State)

MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTRAR
if app.)

DOMINICK F SUSI II

20. CITY/TOWN

CONCORD

21. DATE ISSUED (Month, Day, Year)

MARCH 18, 2002

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)

23. DATE STORED (Month, Day, Year)

24. CITY/TOWN, STATE

25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT

26. DATE ISSUED (Month, Day, Year)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

27. TYPE OF DISPOSITION (Cremated, buried, etc.)

BURIAL

28. DATE OF DISPOSITION (Month, Day, Year)

3/19/02

29. NAME AND LOCATION OF CEMETERY, CREMATORIAL OR VAULT
(City/Town, State)Rural Cemetery
Southborough, MA

30. SECTION

6

31. GRAVE NO.

Lot 37C, Grv#1

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

Budger C. Bellamy

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before**. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

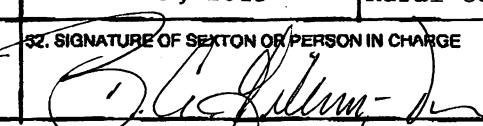
SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

DISINTERMENT: This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM B7-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO. 2. CITY OR TOWN	
3. DECEASED'S NAME (First, Middle, Last) JOHN J O'REILLY JR		4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) FEBRUARY 25, 2015
6. AGE 84 Years	7. DATE OF BIRTH (Month, Day, Year) JANUARY 10, 1931	8. CITY, TOWN, OR LOCATION OF DEATH MANCHESTER	9. COUNTY OF DEATH HILLSBOROUGH
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3 SOUTHBOROUGH, MA			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CONCORD CREMATORIUM			
12. LOCATION (City/Town, State) CONCORD, NH			
13. DATE OF DISPOSITION (Refer to 19a) FEBRUARY 27, 2015			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL RURAL CEMETERY			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) SOUTHBOROUGH, MA			
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR EDMOND B BAKER		17. N.H. LIC. NUM ONLY 848	
18. NAME AND LOCATION OF FACILITY (City/Town, State) J N BOUFFORD & SONS FUNERAL HOMES, MANCHESTER, NH		19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) EDMOND B BAKER	
20. CITY/TOWN MANCHESTER		21. DATE ISSUED (Month, Day, Year) FEBRUARY 27, 2015	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) June 25, 2015	29. NAME AND LOCATION OF CEMETERY OR VAULT Rural Cemetery Southborough, MA
30. SECTION A	31. GRAVE NO. Grv#3B (Lot 6)	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

RECEIVED
TOWN CLERK'S OFFICE

FORM BT-1, 1/98

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN	2010 OCT -b A SOUTHBOROUGH, MA
3. DECEDENT'S NAME (First, Middle, Last) MYLES W O'REILLY			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) SEPTEMBER 02, 2010
6. AGE 78 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 22, 1832	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD	9. COUNTY OF DEATH MERRIMACK	
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 1		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY	12. LOCATION (City/Town, State) SOUTHBOROUGH, MA	13. DATE OF DISPOSITION (Refer to 10a) SEPTEMBER 09, 2010
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			15. LOCATION (City/Town, State)	
16. FUNERAL DIRECTOR SHAWN P CLOUGHERTY		17. N.H. LIC. NO ONLY 636	18. NAME AND LOCATION OF FACILITY (City/Town, State) WATERS FUNERAL HOME, CONCORD, NH	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) SHAWN P CLOUGHERTY			20. CITY/TOWN CONCORD	21. DATE ISSUED (Month, Day, Year) SEPTEMBER 08, 2010
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) 9/9/2010	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772	
30. SECTION 6	31. GRAVE NO. Lot 31C, Grv#2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>D. C. Kelley - DeC</i>		

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

RECEIVED
SOUTHBOROUGH TOWN CLERK

2021 OCT 4 P 3 12



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: July 20, 2020

TRACKING NUMBER: 2020126342

1.

DECEDENT INFORMATION

Name of Deceased

LEWIS L OGILVIE

Date of Death

July 15, 2020

Place of Death - County

BROWARD

City, Town or Location

HOLLYWOOD

Name of facility, or street address if not a facility

2410 EMERSON CIRCLE

Name and Address of Funeral Home/Direct Disposal Establishment

LANDMARK FUNERAL HOME INC F071616

4200 HOLLYWOOD BLVD
HOLLYWOOD, FLORIDA, 33021

Fla. Lic. No./Reg. No.

F071616

Phone Number

(954) 989-8220

Funeral Director/Direct Disposer

KEVIN S RIETH

Fla. Lic. No./Reg. No.

F028016

Medical Verification Statement

MARIA at the certifying physician's office, was contacted on 07/15/2020 by the funeral director listed above; he/she indicated that LUIS EMILIO VICIOSO PERALTA, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2020-F071616-5147

Date Issued: July 15, 2020

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 17

Approval Number: CRE2020-04631

4.

CEMETERY OR CREMATORIUM

Place of Disposition: EVERGLADES CREMATORIUM

Method of Disposition: CREMATION

Date of Disposition: _____

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

I HEREBY CERTIFY THAT THE REMAINS WERE DISPOSED OF IN
ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:

Riviera Cemetery
11 Cincinatti Rd, Darien, CT 06820
Sec. M, Envt 200A (cremated remains)
on Sept. 25, 2021

B. J. Mun
Bridget M. Munney

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

PERMIT NO. 11453

PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Constance	M.		Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH	COUNTY	CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)	
60	R.C. Regional Hosp.	Pennington	Rapid City, South Dakota	No	

DISPOSITION AUTHORIZED:

 INTERMENT
 CREMATION TRANSIT
 SCIENTIFIC STUDY DISINTERMENT
AND REINTERMENT

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL OR LABORATORY)

Southbro Rural Cemetery, Southbro, Massachusetts

PLACE OF DISINTERMENT (NAME AND LOCATION)

THIS PERMIT IS ISSUED TO:

Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992

(SIGNED) Marlys Faber by *Marlys Faber*

Deputy REGISTRAR

REGISTRATION
DISTRICT

Pennington County ADDRESS 315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON July 8, 1992, IN Rural Cemetery CEMETERY

OR CREMATORIAL LOCATED AT Southborough, MA (SIGNED) *Budget Coffey* SEXTON

GRAVE OR VAULT: BLOCK B-West LOT 55 GRAVE 4

RECORDED

TOWN OF SOUTHBOROUGH

INSTRUCTIONS

JUL 1 0 1992 2:45 PM

TOWN CLERKS OFFICE

The funeral director or person acting as such shall within ten days after final disposition, transmit the original permit to the local registrar of the district in which final disposition is made.

When the body is the subject of scientific study, the official receiving the body shall execute the sexton's endorsement.

When used as authority for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case.

Authorizations for disinterment and reinterment are issued by the State Department of Health and only upon proper application for disinterment and reinterment.

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

PERMIT NO. 11453

1992 JULY 25 PM 2:06

PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Constance	M.		Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH	COUNTY		CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)
60	R.C. Regional Hosp.	Pennington	Rapid City, South Dakota		No

DISPOSITION AUTHORIZED:

INTERMENT TRANSIT
 CREMATION SCIENTIFIC STUDY

DISINTERMENT
AND REINTERMENT

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL OR LABORATORY)

Southbro Rural Cemetery, Southbro, Massachusetts

PLACE OF DISINTERMENT (NAME AND LOCATION)

THIS PERMIT IS ISSUED TO:

Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992

(SIGNED)

Marlys Faber by *Marlys Faber*

Deputy

REGISTRAR

REGISTRATION
DISTRICT

Pennington County ADDRESS 315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON: July 6, 1992, IN:

Rural Cemetery, CEMETERY

OR CREMATORIAL LOCATED AT: Southborough, MA

(SIGNED)

Budget C. Fellows

GRAVE OR VAULT: BLOCK: B-West LOT: 55 GRAVE: 4

HAS-0267 REV. 8/74

CEMETERY RECORD

THIS PERMIT MUST ACCOMPANY BODY TO DESTINATION

Rec'd 8-25-92

TYPE/FONT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

140

STATE FILE NUMBER

LOCAL FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)		Constance M. Pangburn				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 4, 1992	
4. SOCIAL SECURITY NUMBER 017-24-4720		5a. AGE-Last Birthday (Years) 60	5b. UNDER 1 YEAR Months	5c. UNDER 1 DAY Days	5d. UNDER 1 DAY Hours	5e. DATE OF BIRTH (Month, Day, Year) Oct. 25, 1931	7. BIRTHPLACE (City and State or Foreign Country) Boston, Mass.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					9b. CITY, TOWN, OR LOCATION OF DEATH Rapid City	9c. COUNTY OF DEATH Pennington
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced. Specify Married		11. SURVIVING SPOUSE (If wife, give maiden name) Leon E. Pangburn		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Home Maker			12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE-STATE Massachusetts		13b. COUNTY Middlesex	13c. CITY, TOWN, OR LOCATION Natick			13d. STREET AND NUMBER 30 Birch Road		
13e. INSIDE CITY LIMITS? (Yes or No) No		13f. ZIP CODE 01760	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-If yes specify Cuban, Mexican, Puerto Rican, etc.) Specify:			15. RACE-American Indian, Black, White, etc. (Specify) White		
16. FATHER'S NAME (First, Middle, Last) George E. Lanctot		17. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Brusie						
18a. INFORMANT'S NAME (Type/Print) Joyce Funeral Home		18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 245 Main St. Waltham, Massachusetts, 02154						
19a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southboro Rural Cemetery					19d. EMBALMED? (Specify) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. LOCATION (City, State) Southboro, Massachusetts								
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		20b. LICENSE NUMBER (of establishment) #2		21. NAME AND ADDRESS OF FACILITY Behrens Mortuary Box 1055 632 St. Francis, Rapid City, SD 57709				
22. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>motor vehicle accident - compression</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>motor vehicle accident - compression</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>FPS L10 & T11 are cardiac arrest.</u> DUE TO (OR AS A CONSEQUENCE OF): d.								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		23. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Determined <input type="checkbox"/> Homicide		26a. DATE OF INJURY (Month, Day, Year) 6/16/92	26b. TIME OF INJURY	26c. INJURY AT WORK? (Yes or no) No	26d. DESCRIBE HOW INJURY OCCURRED MVA.			
27a. CERTIFIER (Check only one)		27b. CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated						
27c. SIGNATURE AND TITLE OF CERTIFIER <u>Shaffer, MD</u>		27d. DATE SIGNED (Month, Day, Year) 7/6/92		27e. TIME OF DEATH 11:18 p.m.				
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type/Print) 2925 5th St, Suite 150, Rapid City, SD 57701		29. REGISTRAR'S SIGNATURE						
30. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)								

PERMIT NUMBER

BURIAL-TRANSIT PERMIT **RHODE ISLAND DEPARTMENT OF HEALTH**

PERMIT
MUST
Accompany
Remains
to
DESTINATION

DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)	
Louise			Helena	PARKER	Female	9-23-92	
RACE	AGE	PLACE OF DEATH (City or town, state)					
White	68	Providence, R.I.					
BURIAL, CREMATION, DONATION, OTHER (Specify)			PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN	STATE
Burial			Rural Cemetery			Southboro,	MA.
FUNERAL HOME — LICENSEE <i>Robert A. Damato</i> (Signature)		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) Iannotti F.H., Inc. 415 Washington St. Coventry, R.I. 02816					

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

RECORDED
TOWN OF SOUTHBOROUGH

SFP 2 9 1992

TOWN CLERKS OFFICE

DECEDENT	Name First	Middle	Last	Sex
	SUSAN		Penfield	female
Date of Death	06/21/93	Age	38	If Veteran of U.S. Armed Forces, War or Dates
Place of Death City, Town or Village	of Newburgh			
Manner of Death	<input type="checkbox"/> Natural Cause	<input type="checkbox"/> Accident	<input type="checkbox"/> Homicide	<input type="checkbox"/> Suicide
Medical Certifier	Name	Title		
Address	JAMES FANNING CORONER			
175 Willow Ave Cornwall, NY 12518		District Number	Register Number	
Death Certificate Filed City, Town or Village	of Newburgh			
<input checked="" type="checkbox"/> Burial	Date	Cemetery or Crematory		
<input type="checkbox"/> Cremation	Address	Rural Cemetery		
<input type="checkbox"/> Removal and/or Hold	Date	Cordaville Road, Southboro, MA		
<input type="checkbox"/> Transportation by Common Carrier	Date	Place Removed and/or Held		
	Destination			
<input type="checkbox"/> Disinterment	Date	Cemetery Address		
<input type="checkbox"/> Reinterment	Date	Cemetery Address		
Permit Issued to				Registration Number
Name of Funeral Firm	Keyser F.S.			01067
Address	326 Albany Ave Kingston NY 12401			
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above	Donald C. Morris F. H.			
Address	40 Main St. Southboro, MA 01772			
Permission is hereby granted to dispose of the human remains described above as indicated.				
Date Issued	Registrar of Vital Statistics	Kathy D'Addio, Reg.		
(signature)				
District Number	Place			
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:				
Date of Disposition	6-24-93	Place of Disposition	Rural Cemetery, Cordaville Rd., Southborough, MA (address)	
		F (section)	N/A (lot number)	120 (grave number)
Name of Sexton or Person in Charge of Premises		Bridget A. Gilleney		
Signature		Bridget A. Gilleney		
		Title Supervisor Cemetery Div. D.P.W.		

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.



BURIAL TRANSIT PERMIT PAUL J. BERRY, TOWN CLERK

Name of Deceased - First OWEN		Middle WINSLOW	Last PENDLETON
Age 91 Yrs	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Death 02/15/2010	Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____
Place of Death OAK CREEK NURSING AND REHABILITATION CENTER		City - County _____ State _____ LULING - CALDWELL TEXAS	
Name of Cemetery or Crematorium FUNERALCARING USA CREMATORY		City _____ State _____ SAN ANTONIO TEXAS	
Print-Name of Funeral Director or Person Acting as Such MARK DANIEL GARZA		Address 6902 NE LOOP 410	City _____ State _____ Zip Code SAN ANTONIO TX 78219-

WARNING
This is a government document. Texas Penal Code, Section 37.10, specifies penalties
for making false entries or providing false information in this document.

Local Registrar REGISTRAR - CALDWELL COUNTY - PREC 2	County CALDWELL	City/Precinct LULING	File Number EDR: 000000713441
A certificate of death having been registered or completed in so far as possible; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.			
Geraldine R. Harris, State Registrar, TER-Electronic Validation <small>Signature of Registrar or Electronic Validation</small>		2/20/2010 <small>Date</small>	

Received by: _____	Date: _____
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Vital Statistics 25 Texas Administrative Code Sec. 181.2(b), "if a dead body or fetus is to be removed from this state, transported by common carrier within this state, or cremated, the funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar where the death certificate is or will be filed or from the state registrar electronically through a Bureau of Vital Statistics electronic death registration system. The registrar shall not issue a burial-transit permit until a certificate of death, completed in so far as possible, has been presented (See §181.6 of this title (relating to Disinterment))."

A file number may be assigned by the registrar as needed. A copy of this permit is to accompany the body in transit. There is no fee authorized for the issuance of a Burial-Transit Permit.

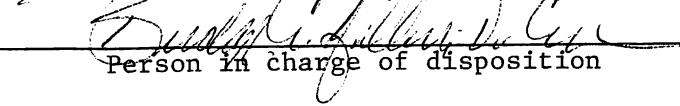
If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

VS-116T Revised 9/2004

The cremated remains of Owen W. Pendleton were buried on April 24, 2010 in grv#4A of Lot 19-D in Section 6 of Rural Cemetery in Southborough, MA.


Person in charge of disposition



STATE OF NEW HAMPSHIRE
BURIAL—TRANSIT PERMIT

Burial Permit No.

City or
Town of Laconia

Full name of deceased Reginald C. Perham

Place of death Laconia Belknap N.H.

Date of death October 28 (Town or City) (County) (State) 1987 Color White Sex Male Age 92

Cause of death Thrombosis, cerebro-vascular-recurrent

Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage see over) (Cemetery, Crematory, or Vault)

Town or City Southboro State MA

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
Wilkinson-Beane Town or City Laconia, N.H.
(Funeral Home)

to dispose of body of said deceased as above stated. Date Issued Oct. 28, 1987

Signature City or Town of Laconia, N.H.
(Town Clerk, Sub-Registrar, Agency City Board of Health)

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in on 19
(Name of storage vault)

Town or City State
Signature
(Sexton or person in charge of storage vault)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED on NOVEMBER 7 1987 in Southborough, Rural Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: Southborough State Massachusetts Section C-East
Lot No. 30 Grave No. 8 Signature Walter M. Allen
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

READ CAREFULLY

OFFICIALS: This burial - transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial - transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain a burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA:325 40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial - transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored, this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.



Received and filed in the Office of the Town Clerk Apr. 6, 2009 1:00pm

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

A. (TYPE)

1. Name of Deceased	First Loren	Middle Daniel	Last Pettibone	Date of Death	Month 02	Day 28	Year 09
2. Place of Death County	City, Town or Location Marion Ocala		Name of Hosp. or Inst. The Legacy House Hospice				
3. Name of Medical Certifier Certifier	Address Mery Josefina Lossada, MD Medical Examiner <input type="checkbox"/> Physician <input checked="" type="checkbox"/>		Address 9505 SW 110th Street Ocala, Florida 34481	Phone Number 352-291-5100			
4. Name of Funeral Home/Direct Disposal Establishment Roberts Funeral Homes	Address 6241 SW State Road 200 Ocala, Florida 34476		Fla. Lic. No./Reg. No. F041248	Phone No. (Area Code) 352-854-2266			
5. Check Appropriate Box	<p>a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input checked="" type="checkbox"/> Dr. Lossada's Office was contacted on 03/02/09 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that She will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>						
6. Funeral Director/ Direct Disposer	Signature 		F.E. No./Reg. No. F046555	Date Signed 03/02/09			

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 2009-F041248-046

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Date Certificate

Issued: 02/28/09

Due: 03/10/09

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____

Date _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIUM

Rural Cemetery

Method of Disposition:

Place of Disposition _____

Southborough, MA 01772

 BURIAL STORAGE

Date of Disposition March 6, 2009

 CREMATION OTHER (Specify)

Sec. Bk4, Lot 50B, Grv#1

Signature of Sexton or Person-in-Charge
} _____

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

RECEIVED
TOWNSHIP OF SOUTHBOROUGH, MA
7/15 JUN 17 P 3:25

SOUTHBOROUGH, MA 01772

State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT



DATE PRINTED: June 11, 2015

TRACKING NUMBER: 2015091009

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
RITA M PETTIBONE	June 10, 2015	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
MARION	OCALA	BRENTWOOD AT FORE RANCH
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
ROBERTS FUNERAL HOME - BRUCE CHAPEL WEST F079852 6241 SW STATE RD 200 OCALA, FLORIDA, 34476	F079852	(352) 622-4141
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
MICHAEL J. VASSALLO	F074554	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2015-F079852-5142

Date Issued: June 11, 2015

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

CEMETERY OR CREMATORIAL

Place of Disposition:	SOUTHBOROUGH RURAL CEMETERY	Full Earth Burial Sec. Bk. 4, Lot 50B, Grv #2
Method of Disposition:	REMOVAL FROM STATE	Date of Disposition: June 17, 2015

EDRS maintains all statutorily required information regarding the death record and related
burial transit permit, therefore, returning the permit to the county health department is no
longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES

HARTFORD, CONNECTICUT 06106

PERMIT NO.	DATE ISSUED
1550	7/10/1993

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Bobbi R C Plumb	WHO DIED AT	HARTFORD HOSPITAL	ON 7/8/93
-----------------	-------------	-------------------	-----------

CAUSE OF DEATH

STAPH Infection - Sepsis

TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)

FINAL DISPOSITION (Name and address of cemetery or crematory)

Burial Cemetery, Southboro MASS

ISSUED TO (Name of Funeral Director or Embalmer)

William R. Short	(Address)	95 West Main St. MARLBORO MA 01752	(If embalmer, lic. no.) 3480
------------------	-----------	------------------------------------	---------------------------------

Certificates required by state statute
have been received and recorded.
Body has been prepared in accordance
with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

<i>Peter J. Clark</i>	(Town of)	TRANSIT PASTER
	HARTFORD	YES <input type="checkbox"/> NO <input type="checkbox"/>

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED
CEMETERY (Sexton's
Signature)

DATE BODY BURIED

7/12/93

RECORDED
TOWN OF SOUTHBOROUGH

JAN 18 1994

TOWN CLERKS OFFICE

RECEIVED
SOUTHBOROUGH TOWN CLERK

2022 JUN 16 A 8:42

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

V.S. 13-10/14

(Printed: June 07, 2022)

Permit #: 142905

IMPORTANT This permit must accompany the remains to destination.

When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.

DOROTHY, MAY, PHANEUF		ALEXANDRIA , Virginia
(Decedent First Name, Middle Name, Last Name) (Place of death City / County)		
Date of Death: 06/01/2022	Age: 84 years	Sex: FEMALE
Race of Decedent: White		
DESTINATION TO WHICH REMAINS TO BE SENT:	SOUTHBOROUGH RURAL CEMETERY	11 CORDAVILLE ROAD SOUTHBOROUGH MA 01772
(Place of Disposition)		(Address of Disposition)
<i>Date of Death - June 13, 2022 Sec. 6, LWT# 52</i>		

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:		
ANTHONY, LEE, WILSON		1500 W BRADDOCK RD ALEXANDRIA VIRGINIA 22302
(Name of Funeral Director / Name of Next of Kin)		(Address of Funeral Home / Address of Next of Kin)
To transport said deceased as stated above.		
Date: 06/02/2022	Registration District No:	Signature of Registrar: JANET, RAINY VITAL RECORDS Electronically Approved By:

Paul J. Berry

FORM BT-1, 1/96

Paul J. Berry

Town Clerk

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO	
		2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) MARTHA WEBSTER PHELPS		4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) AUGUST 01, 2004
6. AGE 88 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 04, 1916	8. CITY, TOWN, OR LOCATION OF DEATH RYE	9. COUNTY OF DEATH ROCKINGHAM
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 1		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY	12. LOCATION (City/Town, State) SOUTHBORO, MA
		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL	15. LOCATION (City/Town, State)
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:			
16. FUNERAL DIRECTOR DOROTHY L WARD		17. N.H. LIC. NO ONLY 597	18. NAME AND LOCATION OF FACILITY (City/Town, State) J VERNE WOOD FUNERAL HOME, PORTSMOUTH, NH
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if add.) DOROTHY L WARD		20. CITY/TOWN RYE	21. DATE ISSUED (Month, Day, Year) AUGUST 02, 2004
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial		28. DATE OF DISPOSITION (Month, Day, Year) 8/6/2004	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772
30. SECTION 13WEST	31. GRAVE NO. 2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Bethany G. Coffey-DeCenzo</i>	

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

RECEIVED
SOUTHBOROUGH TOWN CLERK

2021 AUG 11 P 4:33

State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT



DATE PRINTED: February 17, 2021

TRACKING NUMBER: 2021033148

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
NATALIE ELIZABETH GROTON		February 11, 2021
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
CHARLOTTE	PUNTA GORDA	LIFE CENTER OF PUNTA GORDA
Name and Address of Funeral Home/Direct Disposal Establishment	Fla. Lic. No./Reg. No.	Phone Number
NATIONAL CREMATION SOCIETY - PORT CHARLOTTE F040981	F040981	(941) 624-5212
2672 TAMiami TRAIL STE 4B PORT CHARLOTTE, FLORIDA, 33952		
Funeral Director/Direct Disposer	Fla. Lic. No./Reg. No.	
STACEY A. KINNER	F396588	
Medical Verification Statement	Alena at the certifying physician's office, was contacted on 02/12/2021 by the funeral director listed above; he/she indicated that RICHARD LEE DIAMOND, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.	

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2021-F040981-5091

Date Issued: February 12, 2021

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 22 Approval Number: 0408E

4.

CEMETERY OR CREMATORY

Place of Disposition:	SOUTHEASTERN CREMATORY	
Method of Disposition:	CREMATION	Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

Buried at Punta Gorda Cemetery on July 29, 2021
Sec 7, Lot 27, Unit 128, Burial of deceased remains

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

RECEIVED

ISSUED BY CLERK'S OFFICE

Place Permit Issued
Place of Death
Issuing Clerk – Retain Until Endorsement Received

Distribution of Copies:

Place of Final Disposition
 Place of Death

Place Permit Issued
 Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Mary Theresa Quinn				2. DATE OF DEATH (Mo., Day, Yr.) 06/07/2018	
3. SEX Female	4. AGE 85	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Westbrook, Maine	SOUTHBOROUGH (State) MA MP	
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Advantage Funeral & Cremation Services, 999 Forest Ave Portland ME 04103				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO10455	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT					
<input checked="" type="checkbox"/> Completed Death Certificate		<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician Letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (see #11) →	10b. CITY OR TOWN Westbrook, Maine	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →	11b. SUBREGISTRAR OF (List Municipality appointed by): Portland m.e	11c. DATE SIGNED (Mo., Day, Yr.) 06/13/2018

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
<input type="checkbox"/> REMAINS WERE: <input type="checkbox"/> BURIED <input checked="" type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Brooklawn Memorial park Crematory	17. LOCATION (City or Town) (State) Portland, Maine
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	
<input type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION	21. LOCATION (City or Town) (State)
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	
<input type="checkbox"/> DISPOSITION OF CREMATED REMAINS:	24. <input checked="" type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT URBN Crematory 11 Concourse Rd, South Portland, ME Sec. 9, Lot 47, Gurnet Rd
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
<input type="checkbox"/> REMAINS WERE DISINTERRED	28. NAME OF CEMETERY OR VAULT	29. LOCATION (City or Town) (State)
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
31. DATE (Mo., Day, Yr.) 7/30/2018		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

2016 SEP - 11 P 1:51

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN	SOUTHBOROUGH, MA
3. DECEDENT'S NAME (First, Middle, Last) KIMBERLY A RUSSO			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JANUARY 1, 2016
6. AGE 51 Years	7. DATE OF BIRTH (Month, Day, Year) NOVEMBER 20, 1964	8. CITY, TOWN, OR LOCATION OF DEATH MANCHESTER	9. COUNTY OF DEATH HILLSBOROUGH	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3				
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM				
12. LOCATION (City/Town, State) MANCHESTER, NH				
13. DATE OF DISPOSITION (Refer to 19a) JANUARY 5, 2016				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR JONATHAN R WOLF			17. N.H. LIC. NUM ONLY 1002	
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH				
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) MICHELE M PHANEUF PLASZ	20. CITY/TOWN MANCHESTER	21. DATE ISSUED (Month, Day, Year) JANUARY 5, 2016		
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORIUM AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Full Earth Burial</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>8/26/2016</i>	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Lunay Cemetery Southborough MA 01772</i>	
30. SECTION <i>Sec C. 2-A LOT - 548</i>	31. GRAVE NO. <i>Grave 28</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Kimberly A. Russo</i>		
This permit, after being signed by the Sexton or person in charge (or by the Funeral/Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS RECEIVED
USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS
TOWN CLERK'S OFFICE

1A. NAME OF DECEDENT—FIRST IDA			1B. MIDDLE ANNE	1C. LAST RABBINI	2013 JAN 29 A 10:04
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 02/07/1918	4. DATE OF DEATH (MONTH, DAY, YEAR) 01/09/2013		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) SOUTHBOROUGH	
6A. CITY OF DEATH SAN DIEGO			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO		
7A. NAME OF INFORMANT DONNA MARIE WITTOUCK		7B. RELATIONSHIP TO DECEDENT NIECE		8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE POWAY-BERNARDO MORTUARY 13243 POWAY ROAD, POWAY, CA 92064	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 12425 PICRUS STREET, SAN DIEGO, CA 92129			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1195		
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			9A. APPLICANT SIGNATURE ►		9B. DATE SIGNED 01/14/2013
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.					
10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 01/14/2013	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► WILMA WOOTEN, MD 			
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110			10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --		
11. AUTHORIZED DISPOSITION(S) TRANSIT			FOR CORONER'S USE ONLY		
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772		12B. DATE BURIED January 25, 2013	12C. INTERMENT NUMBER—IF APPLICABLE Sec.13, Lot 20, Grv#4	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL		13B. DATE CREMATED ►	13C. CREMATION NUMBER—IF APPLICABLE --	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED ►	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY --	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH CEMETERY, ROUTE 85, SOUTHBOROUGH, MA 01772		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►	15D. DATE SHIPPED --
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION ►	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE --	
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ►					

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INSTRUCTIONS FOR COPY DISTRIBUTION

COPY 1 ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2 RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

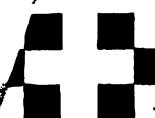
COPY 4 RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)



**Servicio
Canario de Salud**

RECCION GENERAL DE SALUD PUBLICA

Rambla General Franco, 53
Teléfono 60 42 71
Santa Cruz de Tenerife

AUTORIZACION DE TRASLADO DE CADAVER

IDENTIFICACION DEL FALLECIDO

Primer Apellido RAMELLI	Nombre ANNA	
Segundo Apellido		
Fecha de fallecimiento P.C.R. 26.03.2002 CAUSA: Higado pancreas y Bazo	Fecha nac.: 12.01.1931 Nacionalidad: Estadounidense Diligencia previa:	Hora 06:30
Lugar de fallecimiento SANTIAGO DEL TIDE	Provincia S/C DE TENERIFFE	

DATOS DEL TRASLADO

Lugar de salida STGO/ DEL TIDE		
Destino (Cementerio) SOUTH BORO (MASSACHUSETTS)	Provincia	País ESTADOS UNIDOS
Itinerario VIA AEREA		
Vehículo utilizado AVION		
Funeraria SANTA ANA S.L.		

En virtud de la presente autorización, que deberá acompañar al cadáver en todo momento, las Autoridades y sus Agentes darán las mayores facilidades durante el itinerario hasta el punto de destino.

Santa Cruz de Tenerife, 02 de Abril 2002
El Director General de Salud Pública

Frank Pérez Sánchez



8/27/04 Bx Sec.F, Grv#8B, Morris F.H., Bronze Urn

State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE) RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK SEPTEMBER 2, 2004 AT 12:50 PM

COPY

1. Name of Deceased	First BERNARD	Middle	Last ROBERTSON	Date of Death 08-07-04
---------------------	------------------	--------	-------------------	---------------------------

2. Place of Death County POLK	City, Town or Location WINTER HAVEN	Name of (If neither, give street address) Hosp. or Inst. WINTER HAVEN HOSPITAL
-------------------------------------	--	--

3. Name of Medical Certifier DR. ROBINSON KOILPILLAI	Address 500 EAST CENTRAL AVENUE WINTER HAVEN, FLORIDA	Phone Number (863) 293-1191
--	---	--------------------------------

4. Name of Funeral Home/Direct Disposal Establishment CREMATION SERVICES OF MID FLORIDA	Address 122 STATE STREET DAVENPORT, FLORIDA	Fla. Lic. No./Reg. No. KB-0318	Phone No. (Area Code) (863) 421-4900
--	---	-----------------------------------	---

5. Check appropriate Box

a. The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b. was contacted on _____
He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.

c. was contacted on _____
He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/ Direct Disposer LARRY W. LOCKE	Signature 	F.E. No./Reg. No. KA-0537	Date Signed 08-09-04
--	---------------	------------------------------	-------------------------

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 318-04-104

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: 08-09-04

Date Certificate

Due: _____

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 2004-10-C-2121	Date AUGUST 9, 2004
------------------------------------	------------------------

Medical Examiner, BARBARA APPA	, gave authorization by telephone to JOSEPH W. LOCKE
--------------------------------	--

Funeral Director/Direct Disposer.

Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. Method of Disposition:	CEMETERY OR CREMATORIUM Place of Disposition _____	J.L. Locke Cremation Svc. Davenport, FL 33836
---------------------------	---	--

<input type="checkbox"/> BURIAL	<input type="checkbox"/> STORAGE	Date of Disposition _____
---------------------------------	----------------------------------	---------------------------

<input checked="" type="checkbox"/> CREMATION	<input type="checkbox"/> OTHER (Specify) _____
---	--

Signature of Sexton or Person-in-Charge Joseph W. Locke
--

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

the cremated remains were buried at Rural Cemetery, Southborough on August 27, 2004

Signature of Funeral Director or Direct Disposer Bridget A. Gilleney/DeCenzo	Distribution: White: Cemetery or Crematory Yellow: Funeral Director or Direct Disposer Pink: Local Registrar
---	--

1-22-92

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No.

City or
Town of **Franklin**

Full name of deceased **Evelyn G. Rogers**
 Place of death **Franklin** (Town or City) Merrimack NH
 Date of death **January 15, 1992** Color **White** Sex **Female** Age **79**
 Cause of death **Cardiomyopathy/ Congestive Heart Failure**
 Method of disposal **Burial** (Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
 Town or City **Southboro** State **Massachusetts**

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
 Smart Funeral Home Town or City **Tilton**
 (Funeral Home) Date Issued **January 16, 1992**

to dispose of body of said deceased as above stated.
 Signature **Elaine S. [Signature]** City or Town of **Franklin**
 (Town Clerk, Sub-Registrar, Agency City Board of Health)

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
 (Name of storage valut)

Town or City State

Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on **January 17, 1992** in **Rural Cemetery** (Cemetery, Crematory, or Vault)
 (State whether cremated, buried, etc.)

Town or City: **Southborough** State **MA** Section: **12**

Lot No. **39** Grave No. **3** Signature **Bridget J. [Signature]** (Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before,
- or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records
(1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.

VERMONT DEPARTMENT OF HEALTH
BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. _____

1. Decedent's Name (first, middle, last) Harriet Gertrude Ruggles		2. Sex Female	3. Date of Death February 4, 2002
4. City/Town of Death Newport	5. Date of Birth June 21, 1914	6. Place of Birth Mansfield, Massachusetts	
7. Name and Address of Funeral Director or Authorized Person Converse-Rushford Funeral Home, Darling Hill Rd, Newport, VT 05855			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)		
Name of Cemetery Rural cemetery	City/Town Southborough, Massachusetts	Date 2/8/02
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy <i>Susanne M. Hartley</i>	City/Town CITY OF NEWPORT	Date FEB 5 2002
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date January 8, 2002	
Name of Cemetery Southborough Rural Cemetery	Section 15	Lot Number 2
City/Town, State Southborough, Massachusetts	Grave Number 7	
Signature of Sexton/Cemetery Official <i>Doris J. Gilligan</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

1-19-96

[INSTRUCTIONS ON REVERSE SIDE]

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERSThe Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

95 2786

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
		Robert	W.	Russell	M	3 November 2, 1995
4a. PLACE		PLACE OF DEATH (City/Town) 4a. Worcester		4b. COUNTY OF DEATH Worcester	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 4c. St. Vincent Hospital	
4c. HOSP.		PLACE OF DEATH (Check only one): HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	SOCIAL SECURITY NUMBER 6. 017-10-0525	
5. TYPE		WAS DECEASED OF HISPANIC ORIGIN? (Yes, Specify Puerto Rican, Dominican, Cuban, etc.) 5a. NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b. White	DECEASED'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) <input type="checkbox"/> College (1-4, 5+) <input type="checkbox"/>	
7. VET.		AGE - Last Birthday (Yrs.) 10a. 86	UNDER 1 YEAR b. 1 MOS	UNDER 1 DAY c. 0 DAYS	DATE OF BIRTH (Mo., Day, Yr.) 10d. September 11, 1909	BIRTHPLACE (City and State or Foreign Country) 11. Worcester, Massachusetts
8. HISP RACE		MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name) 13. Anna O'Connell	USUAL OCCUPATION (Prior - If retired) 14a. Machinist	KIND OF BUSINESS OR INDUSTRY 14b. Manufacturing
9. EDUC.		RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a. 31 Russell St., Worcester, Worcester Co., Massachusetts				ZIP CODE 15b. 01609
10. AGE		FATHER - FULL NAME 16. Robert S. Russell		STATE OF BIRTH (If not in US, name country) 17. Mass.	MOTHER - NAME (GIVEN) (MAIDEN) 18. Phoebe L. Leach	STATE OF BIRTH (If not in US, name country) 19. Maine
11. NATIVITY		INFORMANT'S NAME 20. Louis K. Russell		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21. 15 Oak Hill Rd., Fayville, MA 01745		RELATIONSHIP 22. Brother
12. MARITAL		METHOD OF DISPOSITION 23. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE 24. Howard L. Allen		LICENSE # 25. 6501
13. RESID.		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a. Rural Cemetery		LOCATION (City/Town, State) 26b. Southboro, Massachusetts		
14. OUT-STATE		DATE OF DISPOSITION (Mo., Day, Yr.) 27. November 10, 1995		NAME AND ADDRESS OF FACILITY 28a/b. Howard C. Allen Funeral Home, 653 Main St., Shrewsbury, MA		01545
23. DISP.		29. PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.				Approximate Interval Between Onset and Death
31-32 AUTOP.		IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>SEPSIS</u> b. <u>PNEUMONIA - BACTERIAL</u> c. <u></u> d. <u></u>		DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF)		DAYS DAYS
33 MED EXAM		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. GASTROINTESTINAL BLEEDING.				WAS AUTOPSY PERFORMED? (Yes or No) 31. NO.
34. MANNER		30. WAS CASE REFERRED TO M.E.? 33. <input checked="" type="checkbox"/> NO <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION		DATE OF INJURY (Mo., Day, Yr.) 35a.	TIME OF INJURY	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 32. M 35c
35c. WORKING		34. DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e.	LOCATION (No. & St., City/Town, State) 35f.	
35f. PLACE		36a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 36b. NOVEMBER 2, 1995		37a. On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) 37b. DATE SIGNED (Mo., Day, Yr.) 37c. HOUR OF DEATH		
36-37 CERT		36d. NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36d. DEBORAH FORD M.D.		37d. DATE SIGNED (Mo., Day, Yr.) 37e. PRONOUNCED DEAD (Mo., Day, Yr.) 37f. HOUR OF DEATH		
40a. RN PRO		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) ASHOK KUMAR MANGLIK, ST. VINCENT HOSPITAL, 25 WINTHROP STREET WORCESTER, MA 01604		39. LICENSE NO. OF CERTIFIER 95-2643-98		
BLACK INK ONLY		40b. WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a. NO	40c. IF YES, DATE PRONOUNCED 40b.	40d. IF YES, TIME PRONOUNCED 40c.	40d. NAME OF PRONOUNCING REGISTERED NURSE NAME 40d.	
		41. DATE BURIAL PERMIT ISSUED: November 4 1995	42. RECEIVED IN THE CITY/TOWN OF WORCESTER CLERK'S SIGNATURE	43. DATE OF RECORD NOV 13, 1995		
		SIGNATURE BD. OF HEALTH AGENT 41.	42.			

DISTRIBUTION OF COPIES: Place of Final Disposition
 Place of Death

Place Permit Issued
 Issuing Clerk Retains Until
 Endorsement Received

2016 SEP - 11 P 1:57

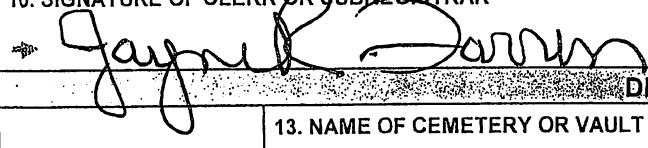
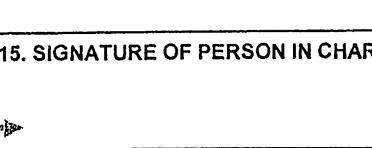
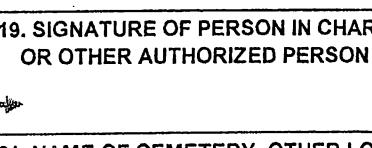
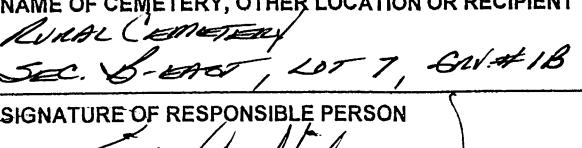
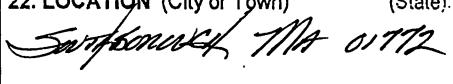
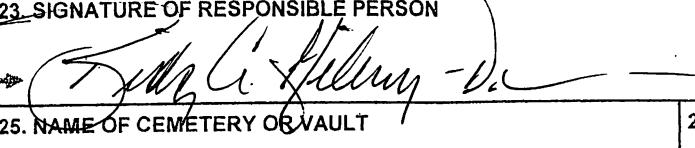
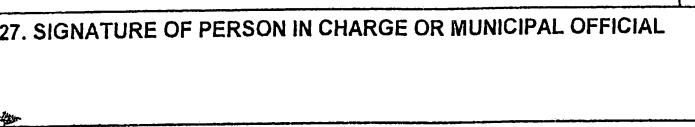
STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES

SOUTHBOROUGH, MA

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)				2. DATE OF DEATH (Mo., Dy., Yr.)
Frank James Ramelli, Jr.				October 3, 2015
3. SEX M	4. AGE 80	5. WAS DECEASED EVER IN U.S. ARMED FORCES ? No	6. PLACE OF DEATH (City or Town) Caribou	(State) ME
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Mockler Funeral Home Inc 24 Reservoir Street Caribou, Maine 0473				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 04106
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Cremation <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Mausoleum <input type="checkbox"/> Disinterment				
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment				

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
 THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR 		11. CITY OR TOWN Caribou	12. DATE SIGNED (Mo., Dy., Yr.) 10/05/2015
DISPOSITION			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)	
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
REMAINS WERE: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Morris Funeral Home - Rural Cemetery	18. LOCATION (City or Town) (State) Southborough MA	
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 		
DISPOSITION OF CREMAINS: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT 	22. LOCATION (City or Town) (State) 	
	23. SIGNATURE OF RESPONSIBLE PERSON 		
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)	
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF DEAD HUMAN BODY	
NAME OF DECEASED EVELYN WATSON RABINE		DATE OF DEATH AUGUST 25, 2016	
PLACE OF DEATH (STREET OR INSTITUTION) WAUCONDA HEALTHCARE AND REHAB	CITY WAUCONDA	COUNTY LAKE	VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORIAL) RURAL CEMETERY, SOUTHBOROUGH, MASSACHUSETTS			
<input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.			
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE BEHZAD FARAH MD, 27790 W HWY 22, BARRINGTON, ILLINOIS, 60010			
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE. SIGNED <u>MARK A KISSELBURG</u> FUNERAL DIRECTOR			
FUNERAL HOME NAME AND ADDRESS WAUCONDA FUNERAL HOME, 235 NORTH MAIN STREET, WAUCONDA, ILLINOIS, 60084			
REGISTRAR SIGNATURE KEVIN J BOWENS	DIST NO. 09705	DATE PERMIT ISSUED AUGUST 25, 2016	
REGISTRAR ADDRESS 118 W COOK AVE, LIBERTYVILLE, ILLINOIS, 60048			

PART 2

*I certify that the body accompanying this permit was disposed of
in accordance with its terms.*

*AT Rural Cemetery
ON Aug. 30 2016 - SEC. 18-EAST, LOT 20, SOUTHBOROUGH
Certified by Beth C. Julian-VC*

MONTANA DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
Vital Statistics Bureau
PO BOX 4210, Helena, MT 59604-4210

AUTHORIZATION
FOR REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF A DEAD BODY

ORIGINAL TO LOCAL REGISTRAR ONE COPY TO CORONER ONE COPY TO MORTUARY/PERSON IN CHARGE OF DISPOSITION ONE COPY TO CEMETERY/CREMATORY OR TO ACCOMPANY REMAINS OUT-OF STATE

Machine or facsimile copies of this form shall be valid for all purposes

If fetal death, check box: and provide date for mother or fetus as appropriate

DECEDENT

NAME: Alberta Julia Smith DATE OF BIRTH: March 27, 1926

SOCIAL SECURITY NUMBER: 011-20-4165 Male Female

DIED (or was found) ON: March 25, 2020

AT: Immanuel Lutheran Home

Kalispell

IN: Flathead COUNTY.

AUTHORIZATION

TO BE COMPLETED BY INDIVIDUAL AUTHORIZING REMOVAL, TRANSPORTATION AND FINAL DISPOSITION:

I HEREBY AUTHORIZE THE REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF THE REMAINS OF THE ABOVE-NAMED DECEDENT (OR IDENTIFIED FETUS) PURSUANT TO MY AUTHORITY UNDER 50-15-4-5, M.C.A.

I CERTIFY THAT I AM:

THE CORONER HAVING JURISDICTION

A MORTICIAN LICENSED UNDER 37-19-302, M.C.A.

THE PHYSICIAN IN ATTENDANCE AT DEATH or THE PHYSICIAN'S DESIGNEE

signature

Adam Mills

name (typed or printed)

PO Box 966

address

March 26, 2020

2508

date

Montana license # (if any)

Johnson-Gloschat Funeral Home & Crematory

name of agency or firm represented (if applicable)

Kalispell

MT

59903

city

state

zip

If authorization is by person other than a mortician licensed under 37-19-302, M.C.A.
name and address of mortuary/person in charge of disposition and filing of death certificate under 50-15-403, M.C.A.

DISPOSITION

Cremation Authorization: _____ date signed _____

CEMETERY OR CREMATORY AUTHORITY MAY COMPLETE

4/26/2020
date of disposition

Rural Cemetery
cemetery or crematory name

SEC. 8-490
LOT 15, CAV #28

buried

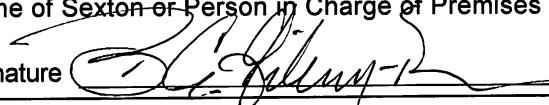
cremated

Tony Mills
city of disposition

WONDERFUL
county

MT
state

Signature
in charge

DECEDENT	Name First Robert			Middle I.	Last Slocomb	Sex Male	
	Date of Death May 3, 2016		Age 86	If Veteran of U.S. Armed Forces, War or Dates			
	Place of Death City, Town or Village Brighton		Hospital, Institution or Street Address Jewish Home Of Rochester				
	Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		<input type="checkbox"/> Undetermined Circumstances		<input type="checkbox"/> Pending Investigation		
	Medical Certifier Name Jyothsna Ponnuri		Title MD				
	Address 2021 Winton Road South, Rochester, NY 14618						
	Death Certificate Filed City, Town or Village Monroe County		District Number 2700		Register Number		
	<input type="checkbox"/> Burial	Date May 5, 2016	Cemetery or Crematory Finger Lakes Crematory				
	<input type="checkbox"/> Entombment	Address	21 Big Tree Street, Livonia, NY 14487				
	<input checked="" type="checkbox"/> Cremation	Date	Place Removed and/or Held				
<input type="checkbox"/> Removal and/or Hold	Address	2016 MAY 4					
		SOUTHBOROUGH					
DISPOSITION	<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment				
		Destination	22				
	<input type="checkbox"/> Disinterment	Date	Cemetery Address				
	<input type="checkbox"/> Reinterment	Date	Cemetery Address				
	Permit Issued to Name of Funeral Home Miller Funeral and Cremation Services, Inc.					Registration Number 01200	
	Address 3325 Winton Road South, Rochester, NY 14623-3025						
PERMIT	Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above						
	Address						
	Permission is hereby granted to dispose of the human remains described above as indicated.						
	Date Issued 5/4/16	Registrar of Vital Statistics					
	(signature)						
District Number 2700	Place	Monroe County Office of Vital Statistics					
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: cremated Rural Cemetery							
Date of Disposition 5/18/2016	Place of Disposition	11 Cordaville Rd., Southborough, MA 01772					
		(address)					
		12-West	55		8A		
		(section)	(lot number)		(grave number)		
Name of Sexton or Person in Charge of Premises Bridget A. Gilleney-DeCenzo		(please print)					
Signature 	Title	Cemetery Agent					

(over)

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

RECEIVED

TOWN CLERK'S OFFICE

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO.
3. DECEDENT'S NAME (First, Middle, Last) PEARL LOUISE STOCKWELL		2. CITY OR TOWN
6. AGE 95 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 25, 1920	8. CITY, TOWN, OR LOCATION OF DEATH NASHUA
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): 		5. DATE OF DEATH (Month, Day, Year) FEBRUARY 22, 2016
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) SOUTHBOROUGH RURAL CEMETERY		
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA		
13. DATE OF DISPOSITION (Refer to 19a) MARCH 1, 2016		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		
15. LOCATION OF FINAL DISPOSITION (City/Town, State)		
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO		
16. FUNERAL DIRECTOR STEVEN A MORRIS		17. N.H. LIC. NUM ONLY 000
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA		
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) LEO A DUMONT III		20. CITY/TOWN NASHUA
CEMETERY OR STORAGE VAULT AUTHORITY (INCLUDE DATE IF APPLICABLE)		
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)
		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)
CEMETERY OR CREMATORIUM AUTHORITY (INCLUDE DATE IF APPLICABLE)		
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Full Earth BURIAL		28. DATE OF DISPOSITION (Month, Day, Year) March 1, 2016
29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA		
30. SECTION Sec. C-West	31. GRAVE NO. 3	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.		

VERMONT DEPARTMENT OF HEALTH

BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. _____

1. Decedent's Name (first, middle, last) LUCY M. SALMON		2. Sex FEMALE	3. Date of Death JULY 16, 1995
4. City/Town of Death BURLINGTON	5. Date of Birth 8/27/1899	6. Place of Birth NEW BRITAIN, CT	
7. Name and Address of Funeral Director or Authorized Person WILLIAM SHORT FUNERAL HOME, 95 WEST MAIN ST., MARLBOROUGH, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official		Date

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)		
Name of Cemetery RURAL CEMETERY	City/Town SOUTHBOROUGH, MA	Date 7/18/95
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy <i>Thomas J. Donahue</i>	City/Town BURLINGTON	Date 7/16/95
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date July 18, 1995	
Name of Cemetery Rural Cemetery	Section 12	Lot Number 4
City/Town, State Southborough, MA	Grave Number 1	
Signature of Sexton/Cemetery Official <i>Bruce C. Williams</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

PAUL J. BERRY, TOWN CLERK 

DH-PHS-BTP-89a

VERMONT DEPARTMENT OF HEALTH
BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. _____

1. Decedent's Name (first, middle, last) Joseph Paul Sanchioni		2. Sex Male	3. Date of Death November 29, 2009
4. City/Town of Death Williamstown, VT	5. Date of Birth March 24, 1944	6. Place of Birth Framingham, MA	
7. Name and Address of Funeral Director or Authorized Person For: Morris Funeral Home, 40 Main Street, R. Brent Whitcomb, 7 Academy Street, Barre, VT 05641 Southborough, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)			
Name of Cemetery Rural Cemetery	City/Town Southborough, MA	Date 12/05/2009	
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)			
Signature of Clerk or Deputy <i>R. Brent Whitcomb</i> , Deputy	City/Town Williamstown, VT	Date 12/02/2009	
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date December 5, 2009		
Name of Cemetery Rural Cemetery	Section C-East	Lot Number 12 South	Grave Number 4
City/Town, State Southborough, MA 01772	Signature of Sexton/Cemetery Official <i>Paul J. Berry</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

Park View Cemetery Crematorium

(518) 346-3217 • Fehr Avenue • P.O. Box 9154 • Schenectady, New York 12309

CERTIFICATE OF CREMATION

THIS IS TO CERTIFY THAT HEREIN ARE THE CREMATED REMAINS OF

David P. Scattergood

RESIDENCE 37 Blue Spruce Lane AGE 89 years SEX Male
Ballston Lake, NY

DATE OF DEATH 12/31/11 PLACE OF DEATH Ballston Lake, NY

DATE OF CREMATION 1/04/12 NO. 0112007

PARK VIEW CEMETERY ASSOCIATION

BY 

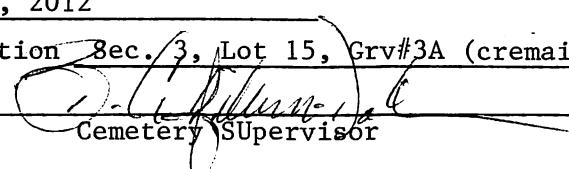
VANDALISM FEE PAID

David P. Scattergood's cremated remains were disposed of in accordance with its Terms

At Rural Cemetery Southborough, MA

on March 24, 2012

Final Disposition Sec. 3, Lot 15, Grv#3A (cremains)

Certified By 
Cemetery Supervisor

RECEIVED
TOWN CLERK'S OFFICE
2012 MAR 29 A 9:13
SOUTHBOROUGH, NY



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: January 7, 2013

TRACKING NUMBER: 2012181973

1.

DECEDENT INFORMATION

Name of Deceased		Date of Death
EVELYN LOUISE SHIMKUS		December 31, 2012
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
SARASOTA	VENICE	1420 EAST VENICE AVENUE, APT. 211
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
ENGLEWOOD COMMUNITY FUNERAL HOME INC F040778		F040778 (941) 475-9800
3070 SOUTH MCCALL RD		
ENGLEWOOD, FLORIDA, 34224		
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
JOANN Verna		F046474

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2013-F040778-5001
Date Issued: January 1, 2013

C. Meade Grigg
Meade Grigg, State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12 Approval Number: C13-00105

4. CEMETERY OR CREMATORIAL

Place of Disposition: ENGLEWOOD COMMUNITY FUNERAL HOME, INC

Method of Disposition: CREMATION

Date of Disposition: 01/08/13

D. L. Campbell
Signature of sexton or person in-charge (or by the funeral director/direct disposer when there is no sexton)

DH 326E, 1/11

64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of
Evelyn Louise Shimkus Accompanying this certificate was disposed of
in accordance with it's terms

At Rural Cemetery

Town Southborough, MA

On May 25, 2013

Final Disposition Sec.2-A, Lot 54B, Grv#2A

Certified by *R. L. Johnson*

Cemetery Supervisor, Town of Southborough

RECEIVED
TOWN CLERK'S OFFICE
2013 JUN 11 A 9:49
J. K. BURGESS, CLERK

2010 AUG 24 A 8:14 AM

SOUTHBOROUGH, MA Burial - Transit Permit

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

		Middle	Last	Sex Female
Name First Marjorie		Age 93	If Veteran of U.S. Armed Forces, War or Dates No veteran	
Date of Death July 25, 2010		Hospital, Institution or Street Address 3 Carroll Terrace		
Place of Death City, Town or Village Albany, New York		<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances <input type="checkbox"/> Pending Investigation		
Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident		Title M.D.		
Medical Certifier Name Judith Van Woert		Address 1525 New Scotland Road Slingerlands, New York 12159		
		District Number 101 Register Number		
Death Certificate Filed City, Town or Village Albany, New York		Cemetery or Crematory Albany Rural Crematory		
<input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation		Date 8/2/10	Address Menands, New York	
<input type="checkbox"/> Removal and/or Hold		Date	Place Removed and/or Held	
<input type="checkbox"/> Transportation by Common Carrier		Date	Point of Shipment	
		Destination		
<input type="checkbox"/> Disinterment		Date	Cemetery Address	
<input type="checkbox"/> Reinterment		Date	Cemetery Address	
Permit Issued to Name of Funeral Home Levine Memorial Chapel Inc.				Registration Number 01051
Address 649 Washington Avenue, Albany, NY 12206				
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above				
Address				
Permission is hereby granted to dispose of the human remains described above as indicated.				
Date Issued 7/31/10		Registrar of Vital Statistics <i>JK</i> (signature)		
District Number 101		Place Albany, New York		
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:				
Date of Disposition		Place of Disposition (address)		
Name of Sexton or Person in Charge of Premises		(section)	(lot number)	(grave number)
Signature		Title (please print)		

The cremated remains of Marjorie Shuman were buried on August 3, 2010
at Rural Cemetery in Southborough, MA, Final Disp. Sec 2, Lot 2, Gry #2B (over)

DOH-1555 (02/2004)

Certified by

Deborah J. Miller
Cemetery Supervisor



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193.175, RSMo (1986)

I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT	JAMES HOMAN SLOCOMB, SR.		WAS FILED WITH THE LOCAL REGISTRAR OF
COUNTY	JACKSON		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
CEMETERY OR CREMATORIY - NAME	LOCATION (CITY, STATE)	DATE (MONTH, DAY, YEAR)	
D. W. NEWCOMER'S SONS CREMATORIY	KANSAS CITY, MISSOURI	JULY 12, 1999	
SIGNATURE (FUNERAL HOME LICENSEE)			MO LICENSE NUMBER
<i>Judy E Post</i>			5132

MO 580-0722 (10-92)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis

VS-302 (10-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEASED—FIRST JOHN		1B. MIDDLE ARTHUR	1C. LAST SLOCUM JR
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 02/26/1953	4. DATE OF DEATH (MONTH, DAY, YEAR) 05/21/2012	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH LONG BEACH		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE LOS ANGELES	
7A. NAME OF INFORMANT TIMOTHY SLOCUM		7B. RELATIONSHIP TO DECEASED BROTHER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE SOCAL CREMATIONS 6356 VAN NUYS BLVD SUITE 211, VAN NUYS, CA 91401
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 27B NICKERSON RD, ASHLAND, MA 01721		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 2100	
ACKNOWLEDGEMENT OF APPLICANT —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.			
10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 07/23/2012	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► MAURO TORNO, MD	9B. DATE SIGNED 7/23/2012
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA LONG BEACH CITY HEALTH DEPARTMENT 2525 GRAND AVENUE LONG BEACH, CA 90815		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --	
11. AUTHORIZED DISPOSITION(S) CREMATION/TRANSIT		FOR CORONER'S USE ONLY	
cremains BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772	12B. DATE BURIED May 15, 2013	12C. INTERMENT NUMBER—IF APPLICABLE Sec. 3, Lot 13, Grv#2A
	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL DAY & NIGHT REMOVALS & CREMATIONS, 16760 STAGG ST #203, VAN NUYS, CA 91406	13B. DATE CREMATED 07-24-2012	13C. CREMATION NUMBER—IF APPLICABLE 2404
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ►	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED RES TIMOTHY SLOCUM 27B NICKERSON RD ASHLAND, MA 01721	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ►	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECEIVED
TOWN CLERK'S OFFICE

2013 JUN 11 A 9:49

SOUTHBOROUGH *JK*



STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL—TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Evelyn	L.	Smith	March 20, 1990			
2. Place of Death	City, Town or Location		Name of Hosp. or Inst.	(If neither, give street address)			
County Pasco	New Port Richey		203 Cardinal Drive				
3. Name of Medical Certifier	S. Lynn Broadfield, M. D.		<input checked="" type="checkbox"/> Physician	Address	813-847-3439	Phone Number	
			<input type="checkbox"/> Medical Examiner	5341 Grand Blvd., New Port Richey, Fla 34652			
4. Funeral Home/ Direct Disposer	Name Morgan Funeral Home, Inc., 6025 Trouble Creek Road, New Port Richey, Fla 34653		Address		813-847-3999	Phone Number (Area Code)	
5. Check Appropriate Box	<p>a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b <input checked="" type="checkbox"/> Dr. Broadfield was contacted on 3-21-90 within 48 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that she will complete and sign the medical certification of cause of death.</p> <p>c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.</p>						
6. Funeral Director/ Direct Disposer	Signature George B. Morgan		FE1476	March 21, 1990			
			Fla. Lic. No./Reg. No.	Date Signed			

BURIAL—TRANSIT PERMIT

Permit No. 1049-3718

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar or
Sub-Registrar Signature George B. Morgan Date Issued: March 21, 1990 Date Certificate Due:

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Signature _____, Medical Examiner Date _____
or
Medical Examiner, _____, gave authorization by telephone to _____

Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORIUM

Method of Disposition:

BURIAL STORAGE
 CREMATION OTHER (Specify) _____

Signature of Sexton
or Person-in-Charge

Place of Disposition South Brook Funeral Cemetery

Date of Disposition 3/26/90

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

Section A.

APPLICATION FOR PERMIT

1. Type or print name of deceased and date of death.
2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death. (Name of a group practice, hospital staff, District Medical Examiner's office, will suffice.)
4. Indicate name and address of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her. The name of a group practice, staff physician or a similar description may be substituted for the name of a specific physician.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires signature of applicant, Florida License/Registration number, and date application signed.

Section B.

BURIAL—TRANSIT PERMIT

Provide permit number. If it is anticipated that the certificate cannot be filed within three (3) days from the date of death, five (5) additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Control, Office of Vital Statistics.

The Registrar or Sub-Registrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Sub-Registrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Sub-Registrar on the Burial—Transit Permit need not be the same as the Sub-Registrar signature on the death certificate.) Section 382.061, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within 72 hours after death. It shall be mailed or delivered to the County Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

Section C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

Section D.

CEMETERY OR CREMATORIAL

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



RECEIVED
TOWN CLERK'S OFFICE

2012 JUN 26 A 8:45

SOUTHBOROUGH, MA

mg

We certify this container contains the
Cremated Remains
of
Donna M. Boisse Spier
who died on
November 25, 2011
in the City, County, & State of
Orange City, Volusia, Florida
Your loved one was cremated on

12/1/11

Date

40087-11-101

Permit #

12108

Cremation Tag #

S
Signed

December 1, 2011

Date

Thank you for allowing us to serve your family.

I hereby certify that the cremated remains of Donna M. Boisse Spier accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA
on June 16, 2012 Final Disposition Sec. 2, Lot 28B, Grv#1A
Certified by B. C. Miller Cemetery Supervisor

REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308PERMIT NO.
XXXXXXXDATE ISSUED
8 / 16 / 2001

- 1 THIS PERMIT a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF
Humphrey StatterWHO DIED AT
Greenwich HospitalON
8 / 14 / 2001

CAUSE OF DEATH

Cardiopulmonary Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Burnett Burial Park, Southborough, MA

BURIAL PLOT	SECTION NO.	LOT NO.	GRAVE NO.	OTHER PLACE OF INTERMENT (Specify)
Lowell Lot	Northwest	-	north of Julia	

ISSUED TO (Name of Funeral Director or Embalmer)	ADDRESS	IF EMBALMER, LICENSE NO.
Fred D. Knapp & Son	267 Greenwich Ave. Greenwich, CT	-----

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)
Sub. *[Signature]*TOWN OF
Greenwich

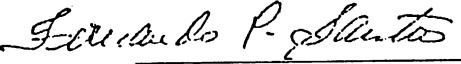
TRANSIT PASTER

 YES NODATE BODY BURIED
Cremation
9 / 22 / 01

SEXTON'S ENDORSEMENT

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE-NAMED
CEMETERY (Sexton's Signature)
Budget C. Statter

COPY

<p>Certificate of Cremation BY FERNCLIFF CREMATORY HARSDALE - WESTCHESTER COUNTY - NEW YORK 151794</p>		08/17/01
Cremation No.	Cremation Date	
KNOW ALL MEN BY THESE PRESENTS, that HUMPHREY STATTER HAS BEEN CREMATED AT FERNCLIFF CREMATORY VANDALISM FEE COLLECTED		
 Superintendent		

RECEIVED
DISTRIBUTION OFFICES:
TOWN CLERK'S OFFICE Place of Final Disposition
 Place of Death Place Permit Issued
 Issuing Clerk - Retain Until
Endorsement Received

2011 FEB 25 A 10:17

SOUTHBOROUGH, MA

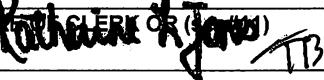
STATE OF MAINE

DEPARTMENT OF HEALTH AND HUMAN

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) H. George Stevens III			2. DATE OF DEATH (Mo., Dy., Yr.) February 20, 2011
3. SEX Male	4. AGE 74	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Portland (State) ME
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Bibber Memorial Chapel 67 Summer Street, Kennebunk ME 04043			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER H09011
8. PERMISSION REQUESTED FOR: (Check all that apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Mausoleum <input type="checkbox"/> Disinterment			
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release For Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment <input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE
THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR 	10b. CITY OR TOWN Portland	10c. DATE SIGNED (Mo., Dy., Yr.) FEB 22 2011
11. SIGNATURE OF SUBREGISTRAR 	11b. CITY OR TOWN	11c. DATE SIGNED (Mo., Dy., Yr.)

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)	
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
<input checked="" type="checkbox"/> REMAINS WERE: BURIED <input type="checkbox"/> Cremated <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	16. NAME OF CEMETERY, CREMATORIAL, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery	17. LOCATION (City or Town) (State) Southborough, MA	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 		
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OTHER DESTINATION Rural Cemetery	21. LOCATION (City or Town) (State) Southborough, MA	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 		
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	26. DATE (Mo., Dy., Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	27. NAME OF CEMETERY OR VAULT	28. LOCATION (City or Town) (State)	
	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		
	30. DATE (Mo., Dy., Yr.)		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

C-05716
2784-671-310

A. (TYPE)				Date of Death	Month	Day	Year
1. Name of Deceased	First	Middle	Last		3	28	2005
LEONARD			STRAUBE				
2. Place of Death County	Sarasota	City, Town or Location Venice	Name of Hosp. or Inst.	(If neither, give street address) Venice Regional Medical Center			
3. Name of Medical Certifier	Joseph Noah, M.D.	Address	Address	Phone Number			
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	706 The Rialto Venice, FL 34285	706 The Rialto Venice, FL 34285	941-885-1505			
4. Name of Funeral Home/Direct Disposal Establishment	National Cremation Society	Address	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)		
		777 So. Palm Avenue, #5 Sarasota, FL 34236	777 So. Palm Avenue, #5 Sarasota, FL 34236	KA549	941-366-9080		
5. Check Appropriate Box	a. <input type="checkbox"/>	The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
	b. <input checked="" type="checkbox"/>	Tammy @ doctors office was contacted on 3-28-2005 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Noah will complete and sign the medical certification of cause of death within 72 hours.					
	c. <input type="checkbox"/>	was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.					
6. Funeral Director/ Direct Disposer	Signature		F.E. No./Reg. No.	Date Signed			
	<i>Sharon Gilleney-DeCenzo</i>		KA549	3-28-2005			

B.

BURIAL - TRANSIT PERMIT

Permit No. 380-05-0221

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Sandra L. Clark

Date

Issued:

3-28-2005

Date Certificate

Due: 4-2-2005

4-8-05

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number:

2005-1560

Date

4-4-05

Medical Examiner, Hannah A. Medical Examiner, gave authorization by telephone to Chantal Wilson
Funeral Director/Direct Disposer. Date 4-4-05

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
2. Date Temporary Certificate was filed with Local Registrar: _____
3. Date Permanent Certificate was filed with Local Registrar: _____
4. Follow-up efforts & activities (Note parties & dates contacted): _____
5. Name and place of disposition: _____
6. Funeral Director/Direct Disposer Report Filed: Yes _____ No _____ Date Filed: _____

I hereby certify that the cremated remains of Leonard Straube were buried at Rural Cemetery in Southborough, MA Location in grave 61 of Section G on May 26, 2005.

FUNERAL DIRECTOR/DIRECT DISPOSER COPY

Bridget A. Gilleney-DeCenzo

22520

RECEIVED
SOUTHBOROUGH TOWN CLERK

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

400-16 P 1: 53

2021 053406

0000595537

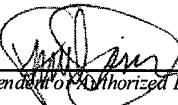
Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SULLIVAN, BARBARA JANE		
	Place of Death	184 CORDAVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 08, 2021	Date of Birth	JUNE 15, 1940
	Residence	184 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
Date entered (most recent) ---		Date Discharged (most recent) ---	Service Number (most recent) ---	
CERTIFIER	Certifier CONNIE DREXLER, MD			Lic # 71130
	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532			
	Immediate Cause of Death RESPIRATORY FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	PHILLIP R. SHORT	Lic # 50881	
	Facility	SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	NOVEMBER 11, 2021
	Place/Address	ALL FAITHS CEMETERY AND CREMATORIUM, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603		

Endorsements				
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	053406	Local Permit #	E-PERMIT
	Date	NOVEMBER 12, 2021	Date	---
Name of Agent ---				
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	All Faiths Crematory Worcester		X 	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Cremation

11/16/2021

Paul A. Druin

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST HELEN		1B. MIDDLE AGNES	1C. LAST TORTORA
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 11/10/1923	4. DATE OF DEATH (MONTH, DAY, YEAR) 10/17/2016	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH FULLERTON		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE ORANGE	
7A. NAME OF INFORMANT JOSEPH TORTORA		7B. RELATIONSHIP TO DECEDENT SON	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE MCAULAY & WALLACE MORTUARY 902 N HARBOR BLVD, FULLERTON, CA 92832
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 4414 VIA EL MOLINO, YORBA LINDA, CA 92886		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD190	
ACKNOWLEDGEMENT OF APPLICANT —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.			
10A. AMOUNT OF FEE PAID \$ 12.00	10B. DATE PERMIT ISSUED 10/19/2016	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► ERIC G. HANDLER, M.D.	10D. DATE SIGNED 10/19/2016
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA ORANGE HEALTH DEPARTMENT 1200 NORTH MAIN STREET, SUITE 100-A SANTA ANA, CA 92701		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D —	
11. AUTHORIZED DISPOSITION(S) CREMATION/TRANSIT		FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ► Rural Cemetery 11 Cedarville Ln. Jordanash, MA 01772	12B. DATE BURIED ► April 19, 2017	12C. INTERMENT NUMBER—IF APPLICABLE ► Section of CREMATED REMAINS
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL MACERA CREMATORY 1020 FULLER SANTA ANA, CA 92701	13B. DATE CREMATED ► 10-26-16	13C. CREMATION NUMBER—IF APPLICABLE ► 5292
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	14B. DATE RECEIVED ►	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ►
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE —	16B. DATE OF DISPOSITION —	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE —
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ►			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INSTRUCTIONS FOR COPY DISTRIBUTION

COPY 1 ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2 RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL FACILITY FOR SCIENTIFIC USE OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 4 RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORIAL LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

Certificate of Cremation
BY THE
OCCOHANNOCK CREMATORY, INC.

RECEIVED
TOWN CLERK'S OFFICE
2012 MAY 30 P 1:
SOUTHBOROUGH, MA

This Certifies That THE REMAINS OF DAVID ERNEST TAYLOR

AGED 75, WAS CREMATED AT THE OCCOHANNOCK CREMATORY,

July 19, 1997 AND THESE ARE THE INCINERATE
REMAINS OF SAID BODY.

DATE OF DEATH July 17, 1997

REGISTERED NO. 97-1953

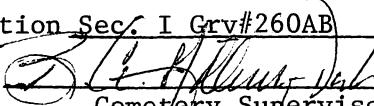
 AUTHORIZED SIGNATURE

I hereby certify that the cremated remains accompanying this permit
was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

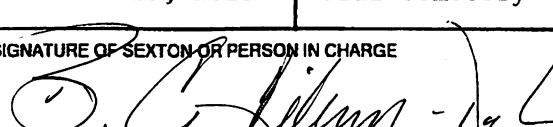
on May 18, 2012

Final Disposition Sec. I Grv#260AB

Certified by 
Cemetery Supervisor

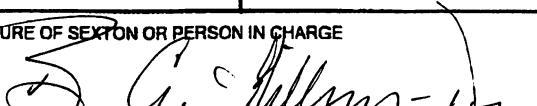
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE		1. BURIAL PERMIT NO	
BURIAL TRANSIT PERMIT		2. CITY OR TOWN	
3. DECEASED'S NAME (First, Middle, Last) JOHN CLIFFORD TELLER		4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) MAY 24, 2014
6. AGE 83 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 2, 1930	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD	
		9. COUNTY OF DEATH MERRIMACK	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3			
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM			
12. LOCATION (City/Town, State) MANCHESTER, NH			
13. DATE OF DISPOSITION (Refer to 19a) MAY 28, 2014			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			
15. LOCATION OF FINAL DISPOSITION (City/Town, State)			
16. FUNERAL DIRECTOR MICHAEL A FLYNN		17. N.H. LIC. NUM ONLY 869	
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ	20. CITY/TOWN CONCORD	21. DATE ISSUED (Month, Day, Year) MAY 27, 2014	
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) October 16, 2015	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 13-East Lot - 25west	31. GRAVE NO. 2A Companion Urn	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		RECEIVED 10-19-2010 1:39	
3. DECEDENT'S NAME (First, Middle, Last) VIRGINIA G TELLER		1. BURIAL PERMIT NO 2. CITY OR TOWN	
6. AGE 76 Years	7. DATE OF BIRTH (Month, Day, Year) MARCH 29, 1934	8. CITY, TOWN, OR LOCATION OF DEATH FRANKLIN	9. COUNTY OF DEATH SOUTHBOROUGH, MA
		10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3	
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM			
12. LOCATION (City/Town, State) MANCHESTER, NH			
13. DATE OF DISPOSITION (Refer to 19a) JUNE 22, 2010			
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL KEPT BY FAMILY			
15. LOCATION OF FINAL DISPOSITION (City/Town, State) CANTERBURY, NH			
16. FUNERAL DIRECTOR MARK P GOMES		17. N.H. LIC. NUM ONLY 093	
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH			
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ	20. CITY/TOWN FRANKLIN	21. DATE ISSUED (Month, Day, Year) JUNE 23, 2010	
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)	23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains	28. DATE OF DISPOSITION (Month, Day, Year) October 16, 2015	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA	
30. SECTION 13-East Lot - 25west	31. GRAVE NO. 2A Companion Urn	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.			



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Ralph	Middle S.	Last Trethewey	Date of Death November 10, 2006	Month November	Day 10	Year 2006
2. Place of Death	City, Town or Location County Manatee Palmetto		Name of (If neither, give street address) Hosp. or Inst. 8268 47th St. Circle E.				
3. Name of Medical Certifier	Camilio Cabrera <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician	Address 3501 Cortez Road West Bradenton, FL 34210			Phone Number 752-2800		
4. Name of Funeral Home/Direct Disposal Establishment	Brown & Sons Funeral Homes	Address 5624 26th St.W. Bradenton, FL 34207	Fla. Lic. No./Reg. No. 997	Phone No. (Area Code) 941-758-7788			
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> Susan at Dr. Cabrera's office was contacted on 11/13/06 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						

6. Funeral Director/
Direct Disposer

Signature
Ronald Bouchard

F.E. No./Reg. No.
3559

Date Signed
11/13/06

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 997-8481

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: 11/13/06

Date Certificate

Due: 11/15/06

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____
Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORIAL

Southborough Rural Cemetery
Southborough, MA

Method of Disposition:

BURIAL

STORAGE

Date of Disposition November 16, 2006
Sec. 1A, Lot D, Grv#2

CREMATION

Signature of Sexton
or Person-in-Charge

OTHER (Specify)

Removal from State

Douglas C. Williams-DeLancey

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEASED—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Josephine	Van Meter	3-15-68	1-17-90	FE
5A. CITY OF DEATH		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Peter W Van Meter—son 4 Cloud View Circle Sausalito, Ca 94965	
San Diego		San Diego			
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 Hwy 8 Bus El Cajon, Ca			7B. CALIFORNIA LICENSE NUMBER P-1392 IF APPLICABLE		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ►
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, Ca 92138-5222		9A. AMOUNT OF FEE PAID 4.00 9B. DATE PERMIT ISSUED JAN 24 1990 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► Donald L. Ramey, M.D.	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					
10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK <u>ALL</u> APPLICABLE ITEMS					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY					
<input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT					
<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					
FOR CORONER'S USE ONLY					
<input type="checkbox"/> I. DISPOSITION PENDING					
COMPLETE ALL APPLICABLE ITEMS					
INTERMENT	11A. NAME AND ADDRESS OF CEMETERY n/a		11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ►	
CREMATION	12A. NAME AND ADDRESS OF CREMATORIAL NEPTUNE INC 14065 Hwy 8 Bus El Cajon, Ca		12B. DATE CREMATED 1/25/90	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ► Rick [Signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ►	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Walter Davis—Dept of Cemeteries PO Box 165 Southboro, MA 01772		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ►	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION St Mark's Church Southboro, MA 01772		15B. DATE OF DISPOSITION 4/16/90	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ►	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE ►

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7117, 10376 AND 10376.5.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS SHALL NOT BE SCATTERED OVER INLAND WATERS OR OVER LAND UNLESS IN A DEDICATED CEMETERY IN A GARDEN AREA USED EXCLUSIVELY FOR SUCH PURPOSES.

Received and filed in the Office of the Town Clerk Dec. 21, 2004

9:30am

REGISTRAR'S

FILE NO.

TRANSIT COPYThis copy must accompany
body to final destination**STATE OF ARIZONA**

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

DISPOSAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

2448

IDENTIFICATION OF DECEASED	A. FIRST 1. Pansy	B. MIDDLE M.	C. LAST Vatcher	SEX 2. Female	AGE 3. 93	RACE/ETHNICITY 4. White
	DATE OF DEATH 5. April 5, 2003	PLACE OF DEATH 6. Mountain View Care Center	A. TOWN OR CITY Tucson	B. COUNTY Pima	C. STATE Arizona	
	CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)					
	7.					
MANNER AND PLACE OF DISPOSITION	<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL 8. of Cremains	<input type="checkbox"/> OTHER (SPECIFY)	FUNERAL HOME 9. Bring's Memorial Chapel, P.O. Box 1423, Tucson, Arizona	A. NAME 10. ► <i>Rocky Carr</i>	B. ST. ADDRESS F1077	C. CITY AND STATE 11. 11/10/2004
REGISTRAR'S AUTHORIZATION FOR DISPOSITION	12. PLACE OF BURIAL OR OTHER DISPOSITION Southboro Rural Cemetery					
	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.					
	REGISTRAR'S SIGNATURE 14. ► <i>Nancy J. Wright, Deputy</i>		REG. DISTRICT 15. 1004	DATE SIGNED 16. Nov. 10, 2004		
DISPOSITION OF BODY	BODY WAS: 16. <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> OTHER	CEMETERY OR CREMATORIUM 17. Rural Cemetery	18. 11 Cordaville Rd., Southborough, MA 01772			
STATE REGISTRAR USE	DATE RCV'D IN STATE OFFICE 21.	REGISTRAR'S SIGNATURE 22 A. ►	22 B.			

VS-7 REV. 8/88

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030



Received and filed in the Office of the Town Clerk Jan. 8, 2008 1:00pm

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT*Paul J. Berry*

Paul J. Berry, Town Clerk

A. (TYPE)				Date	Month	Day	Year
1. Name of Deceased	First BARBARA	Middle	Last VILLA	Date of Death December 16, 2007			
2. Place of Death County	City, Town or Location Palm Beach		Name of Hosp. or Inst. Delray Beach				
3. Name of Medical Certifier Dr. Hospice - Delray	Address 5360 Linton Boulevard, Delray Beach, FL 33484				Phone Number (561) 637-5180		
4. Name of Funeral Home/Direct Disposal Establishment Florida Funeral Home &	Address 1495 North West 17th Avenue Miami, FL 33125-2347	Fia. Lic. No./Reg. No. 9002068	Phone No. (Area Code) (305) 325-1171				
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> <i>Delicia</i> was contacted on <i>Dec 17 @ 11:04am</i> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <i>Dr. HOSPICE Physician</i> will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/ Direct Disposer	Signature <i>Alanna</i>	F.E. No./Reg. No. FO26901	Date Signed <i>12/17/07</i>				

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. _____

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *Diongo* Date Issued: *12/17/07* Date Certificate Due: *12/29/07*

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date: _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORIAL

Method of Disposition:	Place of Disposition	Southborough Rural Cemetery Southborough, MA
<input type="checkbox"/> BURIAL	<input type="checkbox"/> STORAGE	Date of Disposition December 19, 2007
<input type="checkbox"/> CREMATION	<input type="checkbox"/> OTHER (Specify) <i>Burial (c. Willing-DeCenzo)</i>	Sec. H, Grv#170
Signature of Sexton or Person-in-Charge }		

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORIAL

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

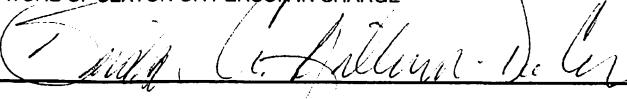
FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT		1. BURIAL PERMIT NO <i>RECEIVED</i> TRENTON DEPARTMENT OF DEATHS OFFICE
3. DECEASED'S NAME (First, Middle, Last) <i>Elaine Walker</i>		4. SEX <i>F.</i>
6. AGE <i>65</i>	7. DATE OF BIRTH (Month, Day, Year) <i>7/7/1950</i>	8. CITY, TOWN, OR LOCATION OF DEATH <i>Concord</i>
9. COUNTY OF DEATH <i>Merrimack, NH</i>		5. DATE OF DEATH (Month, Day, Year) <i>11/24/2015</i>
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other): CODE: <i>I Burial</i>		
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <i>Rural Cemetery</i>		
12. LOCATION (City/Town, State) <i>Southborough, MA.</i>		
13. DATE OF DISPOSITION (Refer to 18a) <i>11/24/2015</i>		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		
15. LOCATION OF FINAL DISPOSITION (City/Town, State)		
16. FUNERAL DIRECTOR <i>CARL A MICHAUD</i>		17. N.H. LIC. NUM ONLY <i>843</i>
18. NAME AND LOCATION OF FACILITY (City/Town, State) <i>MICHAUD FUNERAL HOME LLC, WILTON, NH</i>		
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register # app.) <i>CARL A MICHAUD</i>		20. CITY/TOWN <i>Concord</i>
21. DATE ISSUED (Month, Day, Year) <i>11/23/2015</i>		
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)
24. CITY/TOWN, STATE		
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT		26. DATE ISSUED (Month, Day, Year)
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Full Earth Burial</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>11/24/2015</i>
29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Cemetery Southborough, MA 01772</i>		30. SECTION <i>B-West, Lot 39</i>
31. GRAVE NO. <i>Grv#6</i>		32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Elaine Walker</i>
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.		

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

RECEIVED
TOWN CLERK'S OFFICE

FORM BT-1, 1/96

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN
3. DECEASED'S NAME (First, Middle, Last) ROBERT L WALKER II			4. SEX MALE 5. DATE OF DEATH (Month, Day, Year) NOVEMBER 03, 2010
6. AGE 52 Years	7. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 06, 1958	8. CITY, TOWN, OR LOCATION OF DEATH EXETER	9. COUNTY OF DEATH ROCKINGHAM
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 3	11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREM		12. LOCATION (City/Town, State) WORCESTER, MA
	14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		15. LOCATION (City/Town, State)
THIS CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE, PERMISSION IS HEREBY GIVEN TO			
16. FUNERAL DIRECTOR NANCY G MORRIS	17. N.H. LIC. NO ONLY 000	18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) ROBERT K GRAY JR		20. CITY/TOWN EXETER	21. DATE ISSUED (Month, Day, Year) NOVEMBER 04, 2010
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILE OUT SPACES BELOW WHEN APPLICABLE			
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILE OUT SPACES BELOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) 11/15/2010	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION Sec.9, Lot9C	31. GRAVE NO. 4A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 	

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

94 3047 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
N281-94		1. Stanley		G.	W	Walker	2 Male	November 22, 1994
		PLACE OF DEATH (City/Town)		4b Worcester		4b Worcester	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
4b PLACE		4b Worcester		4c	4c 56 Fruit Street			
4c HOSP.		4b Worcester		4c	4c 56 Fruit Street			
5 TYPE		5a		5b		5c		5d
7 VET.		7a		7b		7c		7d
8 HISP		8a		8b		8c		8d
9 EDUC.		9a		9b		9c		9d
10 AGE		10a		10b		10c		10d
11 NATIVITY		11a		11b		11c		11d
12 MARITAL		12a		12b		12c		12d
15 RESID.		15a		15b		15c		15d
16 OUT-STATE		16a		16b		16c		16d
23 DISP.		23a		23b		23c		23d
31-32 AUTOP.		31-32a		31-32b		31-32c		31-32d
13 MED EXAM		13a		13b		13c		13d
34 MANNER		34a		34b		34c		34d
35C WORK INJ		35a		35b		35c		35d
35F PLACE		35d		35e		35f		35g
36-37 CERT		36a		36b		36c		36d
40A RN PRO		36d		36e		36f		36g
BLACK INK ONLY		38a		38b		38c		38d
R-301-89		38d		38e		38f		38g
38e		38f		38g		38h		38i
38f		38g		38h		38i		38j
38g		38h		38i		38j		38k
38h		38i		38j		38k		38l
38i		38j		38k		38l		38m
38j		38k		38l		38m		38n
38k		38l		38m		38n		38o
38l		38m		38n		38o		38p
38m		38n		38o		38p		38q
38n		38o		38p		38q		38r
38o		38p		38q		38r		38s
38p		38q		38r		38s		38t
38q		38r		38s		38t		38u
38r		38s		38t		38u		38v
38s		38t		38u		38v		38w
38t		38u		38v		38w		38x
38u		38v		38w		38x		38y
38v		38w		38x		38y		38z
38w		38x		38y		38z		38aa
38x		38y		38z		38aa		38ab
38y		38z		38aa		38ab		38ac
38z		38aa		38ab		38ac		38ad
38aa		38ab		38ac		38ad		38ae
38ab		38ac		38ad		38ae		38af
38ac		38ad		38ae		38af		38ag
38ad		38ae		38af		38ag		38ah
38ae		38af		38ag		38ah		38ai
38af		38ag		38ah		38ai		38aj
38ag		38ah		38ai		38aj		38ak
38ah		38ai		38aj		38ak		38al
38ai		38aj		38ak		38al		38am
38aj		38ak		38al		38am		38an
38ak		38al		38am		38an		38ao
38al		38am		38an		38ao		38ap
38am		38an		38ao		38ap		38aq
38an		38ao		38ap		38aq		38ar
38ao		38ap		38aq		38ar		38as
38ap		38aq		38ar		38as		38at
38aq		38ar		38as		38at		38au
38ar		38as		38at		38au		38av
38as		38at		38au		38av		38aw
38at		38au		38av		38aw		38ax
38au		38av		38aw		38ax		38ay
38av		38aw		38ax		38ay		38az
38aw		38ax		38ay		38az		38ba
38ax		38ay		38az		38ba		38bb
38ay		38az		38ba		38bb		38cc
38az		38ba		38bb		38cc		38dd
38ba		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu		38yy		38zz		38aa
38uu		38yy		38zz		38aa		38bb
38yy		38zz		38aa		38bb		38cc
38zz		38aa		38bb		38cc		38dd
38aa		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu		38yy		38zz		38aa
38uu		38yy		38zz		38aa		38bb
38yy		38zz		38aa		38bb		38cc
38zz		38aa		38bb		38cc		38dd
38aa		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu		38yy		38zz		38aa
38uu		38yy		38zz		38aa		38bb
38yy		38zz		38aa		38bb		38cc
38zz		38aa		38bb		38cc		38dd
38aa		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu		38yy		38zz		38aa
38uu		38yy		38zz		38aa		38bb
38yy		38zz		38aa		38bb		38cc
38zz		38aa		38bb		38cc		38dd
38aa		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu		38yy		38zz		38aa
38uu		38yy		38zz		38aa		38bb
38yy		38zz		38aa		38bb		38cc
38zz		38aa		38bb		38cc		38dd
38aa		38bb		38cc		38dd		38ee
38bb		38cc		38dd		38ee		38ff
38cc		38dd		38ee		38ff		38gg
38dd		38ee		38ff		38gg		38hh
38ee		38ff		38gg		38hh		38ii
38ff		38gg		38hh		38ii		38jj
38gg		38hh		38ii		38jj		38kk
38hh		38ii		38jj		38kk		38ll
38ii		38jj		38kk		38ll		38mm
38jj		38kk		38ll		38mm		38nn
38kk		38ll		38mm		38nn		38oo
38ll		38mm		38nn		38oo		38pp
38mm		38nn		38oo		38pp		38qq
38nn		38oo		38pp		38qq		38rr
38oo		38pp		38qq		38rr		38ss
38pp		38qq		38rr		38ss		38tt
38qq		38rr		38ss		38tt		38uu
38rr		38ss		38tt		38uu		38yy
38ss		38tt		38uu		38yy		38zz
38tt		38uu						

REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

10 / 09 2001

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-4B) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

WHO DIED AT

ON

Edith M. Ward

Avon Health Center

10 / 07 / 2001

CAUSE OF DEATH

Respiratory Failure

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Southborough Rural Cemetery, Southborough, MA

BURIAL PLOT Ward	SECTION NO. 12 west	LOT NO. 60	GRAVE NO. 2A	OTHER PLACE OF INTERMENT (Specify)
ISSUED TO (Name of Funeral Director or Embalmer) Richard J. Vincent		ADDRESS Vincent Funeral Home, 120 Albany	Tpke, Canton CT 2315	IF EMBALMER, LICENSE NO.
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.		SIGNED (Registrar of Vital Statistics) Betty J. March, Aet.	TOWN OF Avon	TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO
SEXTON'S ENDORSEMENT		THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)	DATE BODY BURIED Cremated 10 / 20 / 01	

COPY

Farmington Valley Crematory
120 Albany Turnpike
Canton, CT 06019

No. 0457
This certifies that

Edith Ward
has been cremated at Farmington Valley Crematory by authority of the cremation permit as issued by the local Board of Health.

Date October 10, 2001

Farmington Valley Crematory
R. W. V. Jr.
Superintendent

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST ROSETTA		1B. MIDDLE R.	1C. LAST WATSON
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/07/1924	4. DATE OF DEATH (MONTH, DAY, YEAR) 12/03/2011	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) RECEIVED TOWN CLERK'S OFFICE 2012 MAR 21 A 1P. 38
6A. CITY OF DEATH SAN LUIS OBISPO		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN LUIS OBISPO	
7A. NAME OF INFORMANT BARBARA WATSON		7B. RELATIONSHIP TO DECEDENT DAUGHTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON WHO MADE DISPOSITION ADDRESS, STREET NUMBER AND NAME, CITY, STATE, ZIP CODE SOUTHBOROUGH, MA
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PO BOX 811 SAN LUIS OBISPO, CA 93406		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD374	
ACKNOWLEDGEMENT OF APPLICANT —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.			
10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 12/13/2011	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ► PENNY BORENSTEIN, MD	9B. DATE SIGNED 12/08/2011
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN LUIS OBISPO HEALTH DEPT. PO BOX 1489 SAN LUIS OBISPO, CA 93406		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --	
11. AUTHORIZED DISPOSITION(S) CR/TR/BU		FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772		12B. DATE BURIED Jan. 30, 2012
			12C. INTERMENT NUMBER—IF APPLICABLE Sec. 11, Lot 44, Grv#1B
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORIAL WHEELER-SMITH CREMATORIAL, 2890 S. HIGUERA, SAN LUIS OBISPO, CA 93401		13B. DATE CREMATED 12/13/2011
			13C. CREMATION NUMBER—IF APPLICABLE 02214
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED --
			14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ► LKS
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA 01772		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER --
			15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION --
			16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE --
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ►			

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORIAL, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**Town of Southborough
Rural Cemetery**

Application for Removal of Remains

We the undersigned hereby requests and authorizes Rural Cemetery in Southborough Massachusetts, subject to its Rules and Regulations, to remove from Grave No. 3

Lot No.43 N.E Section_B-West on the 16th day of November 2006 the remains

of Maddison Roseanne Webster who was delivered a previable fetus at New England Medical Center on November 6th 2001. An official permit will generated by the Town of Southborough for the removal from Rural Cemetery and interment at Saint Luke's Cemetery in Westborough Massachusetts.

We hereby certify that we are the Parents of the above named descendent and that this is your authority to make disposition of the remains of the said descendent as above indicated. We hereby certify and represent that we have the legal right to make this authorization and agree to hold the Town of Southborough and it's Rural Cemetery harmless from any liability on account of such authorization and removal.

Signed Lynn Webster

Lynn Webster (mother)

Signed Scott Webster

Scott Webster (Father)

Address 37 Robin Road Westborough, MA 01581

Signed Funeral Director

Barry Dennis
Barry Dennis

Britton-Summers Funeral Home Inc.
4 Church Street
Westborough, MA 01581

COPY

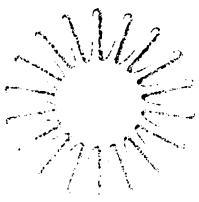
*THIS FORM MUST BE NOTARIZED.

Subscribed and sworn to before me in my presence, this thirteenth day of November, 2006, a notary public in and for the state of Massachusetts, county of Worcester.

Margaret R. D'Agostino
Notary

My commission expires 1-2-12

New England Medical Center
A Lifespan Partner



TUFTS UNIVERSITY
SCHOOL OF MEDICINE

Britton Sumners Funeral Home
4 Church Street
Westborough, ma. 01581

Mary Jo Brown
Director of Admitting Services
New England Medical Center
750 Washington Street
Boston, Ma. 02111

November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a preivable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

If you should have any questions I can be reached at 617-636-6000.

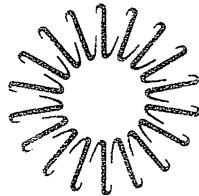
Sincerely,

Mary Jo Brown

COPY

Re: Lynn Webster
37 Robin Road
Westborough, Ma. 01581

New England Medical Center
A Lifespan Partner



TUFTS UNIVERSITY
SCHOOL OF MEDICINE

Received and filed in the Office of the Town Clerk Nov. 16, 2006 10:am
Paul J. Berry
Paul J. Berry
Town Clerk

Britton Summers Funeral Home
4 Church Street
Westborough, ma. 01581

Mary Jo Brown
Director of Admitting Services
New England Medical Center
750 Washington Street
Boston, Ma. 02111

November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a preivable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

If you should have any questions I can be reached at 617-636-6000.

Sincerely,

Mary Jo Brown

Mary Jo Brown

Re: Lynn Webster
37 Robin Road
Westborough, Ma. 01581

Received and filed in the Office of the Town Clerk Aug. 10, 2004

REMOVAL, TRANSIT AND BURIAL PERMIT

PERMIT NO. []

DATE ISSUED / /

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. **must accompany body** and c. **must be given to person in charge of cemetery** and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. **THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Alexander Whitman

CAUSE OF DEATH

Cardiac Arrest

WHO DIED AT

Chester Village - West

ON

7/30/04

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Burnett Burial Park

BURIAL PLOT

SECTION NO.

LOT NO.

GRAVE NO.

OTHER PLACE OF INTERMENT (Specify)

Northeast Cremation

ISSUED TO (Name of Funeral Director or Embalmer)

Swan Funeral Home

ADDRESS

21 Main St. Deep River, CT

IF EMBALMER, LICENSE NO.

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)

TOWN OF

Chester

TRANSIT PASTER

 YES NO

DATE BODY BURIED

SEXTON'S ENDORSEMENT

8/11/04



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL – TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Cecelia	L.	Giles	February 22, 199			

2. Place of Death County	City, Town or Location	Name of (If neither, give street address) Hosp. or Inst.
Pinellas	St. Petersburg	North Shore Center

3. Name of Medical Certifier	Medical Examiner	Address	Phone Number
Susan B. Betzer, M.D.	461-7th Avenue South, St. Petersburg, Florida 33701		
	Physician	823-0402	

4. Name of Funeral Home/ Direct Disposer	Address	Fla. Lic. No./Reg. No.	Phone Number (Area Code)
Anderson-McQueen Funeral Home	2201-9th St. N. St. Petersburg, FL 33704	305	813-822-2059

5. Check Appropriate Box

a The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b Lucy @ Dr. Betzer was contacted on 2/22/96 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Betzer will complete and sign the medical certification of cause of death.

c _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.

6. Place of Final Disposition:	In state cemetery/ Crematory - name/county:	Directors Service, Inc. Cremation Removal Pinellas	from state	<input type="checkbox"/> Donation
--------------------------------	--	---	------------	-----------------------------------

7. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
	Marge H. Anderson	2535	2/22/96

B.

BURIAL – TRANSIT PERMIT

Permit No. 305-11482

Permission is hereby granted to dispose of this body.

A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

No extension of time for filing the death certificate requested.

Registrar

Subregistrar Signature

Date Issued:

Date Certificate Due:

2/22/96 2/27/96

C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature _____, Medical Examiner Date _____

or
Medical Examiner _____, gave authorization by telephone to _____Funeral Director/Direct Disposer Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
2. Date Temporary Certificate was filed with Local Registrar: _____
3. Date complete Certificate was filed with Local Registrar: _____
4. Follow-Up Efforts & Activities (Note parties & dates contacted): _____
5. Name and place of disposition Rural Cemetery Southborough, MA Sec.4, Lot 26A, Grv#1A on 7/27/04
6. Funeral Director/Direct Disposer Report filed: Yes No _____ Date Filed: August 10, 2004

The cremated remains of Cecelia L. Giles were buried on 7/27/04

FUNERAL DIRECTOR/DIRECT DISPOSER COPY Bridget A. Gilleney

Washington State Burial—Transit Permit

Legal Name (Include AKA's if any)		First	Middle	LAST	Suffix	Death Date
Alexander		Harvey		Whitman		Jun 20 2014
Sex (M/F)	Age - Last Birthday	Under 1 Year Months	Days	Under 1 Day Hours	Minutes	County of Death Kitsap
M	70	28				
Birthdate		Birthplace (City, Town, or County)		(State or Foreign Country)		
May		Boston		Massachusetts		

2015 MAY 15 A 11:28

SOUTHBOROUGH, MA



Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
--	--

Facility Name (If not a facility, give number & street or location)	City, Town, or Location of Death	State	Zip Code
Deceased's Residence	Bremerton	WA	98311

Method of Disposition	Place of Final Disposition (Name of cemetery, crematory, other place)	Location - City/Town, and State
Cremation	Cherry Grove Crematory	Poulsbo, WA

Name and Complete Address of Funeral Facility	Date of Disposition
Lewis Funeral Chapel 5303 Kitsap Way, Bremerton WA	June

Funeral Director Signature X

This Burial Permit Must Accompany Remains to Destination

A Certificate of Death having been Filed as required by the Laws of the State of Washington,
Permission is hereby given to Dispose of the Body as Stated Above.

Registrar Address

Date Signed (MM/DD/YYYY)

Registrar Signature X

Cemetery or Crematory Fill in Below

This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.

Body was	cremated remains were buried (Buried or Cremated)	on	May 9, 2015 (MM/DD/YYYY)	in	Burnett Burial Park ("Cemetery or Crematory")
----------	--	----	-----------------------------	----	--

Place	Whitman Lot - Northeast corner	Signature X
-------	--------------------------------	-------------

Return within 10 days to the Registrar of the District in which the cemetery is located.

Out- of- State Destination of Cremated Remains

Name of Cemetery or Facility	-
Burnett Burial Park	
Northeast Corner Whitman area	

City/Town, and State
Southborough, MA 01772



Received and filed in the Office of the Town Clerk Aug 25, 2006
 State of Florida, Department of Health, Vital Statistics
 APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry
 Paul J. Berry, Town Clerk

A. (TYPE)				Date of Death	Month	Day	Year
1. Name of Deceased	First BARBARA	Middle W	Last WILEY	JULY	20	2006	
2. Place of Death County INDIAN RIVER	City, Town or Location VERO BEACH		Name of (If neither, give street address) Hosp. or Inst. VNA HOSPICE HOUSE				
3. Name of Medical Certifier WILLIAM T. MCGARRY, M.D.	Address 1460 36TH STREET VERO BEACH, FLORIDA				Phone Number 772-562-7777		
Medical Examiner <input checked="" type="checkbox"/>	Physician <input checked="" type="checkbox"/>						
4. Name of Funeral Home/Direct Disposal Establishment COX-GIFFORD-SEAWINDS FUNERAL HOME & CREMATORIAL	Address 1950 20TH STREET VERO BEACH, FLORIDA	Fia. Lic. No./Reg. No. 2214		Phone No. (Area Code) 772-562-2365			
5. Check Appropriate Box	<p>a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.</p> <p>c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.</p>						
6. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No. 2423		Date Signed			

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 06-2214-252

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or
Subregistrar Signature

Date
issued: 07/20/06 Date Certificate
Due: 07/27/06

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 06-19-07-168

Date 07/20/06

Medical Examiner, ROGER MITTELMAN, M.D., gave authorization by telephone to R. MARSHALL VOYLES, JR.

Funeral Director/Direct Disposer. Date 07/20/06

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

The cremated remains of Barbara W. Wiley
 were buried on August 18, 2006.

Disposition took place at Rural Cemetery, Southborough, MA
 Section 1-C, Lot R, Grv#1B

Bridget A. Gilleaney-DeCenzo, Cemetery Supervisor

Bridget A. Gilleaney-DeCenzo

RECEIVED
TOWN CLERK'S OFFICE

2012 APR 10 P 2:41

SOUTHBOROUGH, MA 01740-1204



Colorado Department
of Public Health
and Environment

AUTHORITY FOR FINAL DISPOSITION
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

- It is unlawful for any person in charge of a burial place or crematory to permit burial or other disposition of a dead human body or fetus until a final disposition permit has been issued.
- A final disposition permit may be issued only upon registration of a completed death certificate.
- A final disposition permit is required for any type of disposition of a dead human body or fetus.
- This permit may be used for transporting by common carrier.
- All permits must be endorsed by the sexton, recorded in the sexton's register, and forwarded within five days of disposition to the local registrar or designee in the county where death occurred.
- This permit meets all the requirements of C.R.S. 12-54-307(2)(a)(IX).
- This permit does not supersede other legal requirements for burial and/or cremation on private property (meaning not an established cemetery or crematory), such as city/county ordinance, land use regulations, covenants, etc. The landowner and/or funeral director is responsible for determining if such requirements or restrictions exist, prior to final disposition.

This final disposition permit, when completed and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent	Frederick David WOOD	Date of Death	March 11, 2012							
Sex	M	Age	64	Date of Birth	Mar. 27, 1947	Place of Death	Louisville	City	Boulder	County
Name of Funeral Establishment	All-States Cremation Services, Inc.									
Address of Funeral Establishment	3200 Wadsworth Blvd., Wheat Ridge, Colorado 80033									
Type of Disposition	Cremation	Place	All Mortuary & Crematory							
Cemetery or Crematory	All Mortuary & Crematory			City	Denver	State	Colorado			

Additional information regarding transport and/or disposition (if needed):

I have examined the completed death certificate for the decedent named above, and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred.)

Monica Gardner
Signature

Deputy Registrar

3450 Broadway Boulder, Colorado 80033

Title

March 16, 2012

Address

Date

Items below are to be completed by the cemetery or crematory official. Where there is no full-time person in charge, the funeral director may sign as sexton. This form must then be forwarded within five days of disposition to the local registrar or designee in the county where the death occurred.

Type of Disposition Burial - Remains Date 4/5/2012 In Lot 37-N Block -- Section C-West

Place Rural Cemetery Southborough MA
Cemetery or Crematory _____ City _____ State _____

B. C. Williams, Jr.
Signature

Cemetery Supervisor April 5, 2012
Title _____ Date _____

VIETNAM ARMY

RECEIVED
POSTAL OFFICE2015 JUL 31
A 8:05

State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: June 17, 2015

2015 JUL 31

SOUTHBOROUGH, MA

TRACKING NUMBER: 2015016320

1.

DECEDENT INFORMATION

Name of Deceased	Date of Death	
RICHARD ELLIOTT WORKS	January 29, 2015	
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
BREVARD	MELBOURNE	1819 PGA BLVD
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
BEACH FUNERAL HOMES & CREMATION SERVICES - WEST F052124		F052124 (321) 777-4640
4999 N WICKHAM ROAD		Fla. Lic. No./Reg. No.
MELBOURNE, FLORIDA, 32940		F044995
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
DAVID J. ELLIS		

2.

BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2015-F052124-5007

Date Issued: January 29, 2015

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 18

Approval Number: C15-02-046

4.

CEMETERY OR CREMATORIAL

Place of Disposition: Rural Cemetery, Southborough, MA Sec.11, Lot 20, Grv#1A
 Method of Disposition: Burial cremated remains Date of Disposition: June 26, 2015

EDRS maintains all statutorily required information regarding the death record and related
 burial transit permit, therefore, returning the permit to the county health department is no
 longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code



STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No. 46

City or Claremont, N.H.
Town of

Full name of deceased ERNEST JOHN WYCKSTROM

Place of death Claremont Sullivan New Hampshire ...
(Town or City) (County) (State)

Date of death April 12, 1992 19 Color White Sex Male Age 77

Cause of death Multiple Bleeding site and resulactonemia

Method of disposal Burial Rural Cemetery (Cemetery, Crematory, or Vault)
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) Southboro, Mass

Town or City State Mass

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
John P. Rowe Funeral Home Inc. Town or City Marlboro, Ma. 01752 ..
(Funeral Home) 57 Main Street

to dispose of body of said deceased as above stated Date Issued April 13, 1992

Signature Rowe J. Nelson City or Town of Claremont, N.H. 03743 ..
(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in on 19 ..
(Name of storage vault)

Town or City State

Signature (Sexton or person in charge of storage vault)

CEMETERY OR CREMATORIAL AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Apr. 16, 1992 in Rockw. Cemetery
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: South Barre State MA Section 15

Lot No. 27 Grave No. 6 Signature Budget C. Gilleney
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including embalming, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

RECORDED
TOWN OF SOUTHBOROUGH

MAY 7 1992

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

TOWN CLERKS OFFICE

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.